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PART I

ORIGINAL PAPERS

LOVE AND MORALITY ¹

A STUDY IN CHARACTER TYPES

BY

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THE following remarks concern the process whereby a moral attitude towards others is substituted for an attitude of love. This doubtless happens to some extent in the course of every individual development, but there are cases where it dominates the development and gives a characteristic colouring to the whole personality. The process then goes far beyond the mere matter of obedience, of doing things against one's will because some authority orders or compels one to do them. It may become almost the only way in which such a person can express any positive attitude towards another, the giving of pleasure or the displaying of care for the other's interests and welfare. Whatever may be the way in which he manifests these positive attitudes, his inner feeling is one of moral obligation ; he manifests them because he feels it is the right and proper thing to do, fundamentally because he feels he ought to. This feeling of 'oughtness', though in itself often concealed or even repressed, definitely differentiates the attitudes and behaviour from those more spontaneously arising from friendliness, affection or love. It would interest us to know what this remarkable substitution signifies in the character development, how it comes about and what are its consequences in later life.

A simple way to describe the state of affairs would be to say that

¹ Read before the Fourteenth International Psycho-Analytical Congress, Marienbad, August 6, 1936, and before the British Psycho-Analytical Society, October 21, 1936.

the id impulses with such people cannot express themselves directly towards others, but have first to undergo extensive modification in the super-ego. There can be no doubt that this is the field where the change from love to morality takes place. It is also evident that it is intimately related to the problem of sadism, since we know that morality itself is inseparably connected with this. In such patients I have always found a strong vein of repressed sadism. This co-exists, however, with a latent capacity for great tenderness of the possessive type, one that is to be distinguished from a true love attitude. Because of the sadism there is, consciously or unconsciously, a great fear of the tender attitude or the object to whom it applies being destroyed, and many of the subsequent reaction-formations are designed to prevent this calamity. It is only under the condition of morality that any object-relationship can be preserved. I regard this point of view as important because it provides a clue to the motive for the moral attitude and suggests that it subserves a defensive or preservative function. Thanks to the substitution of this attitude for the loved one, the latter is never exposed to various imaginary dangers, i.e. those emanating from the destructive impulses. A further protection comes from the extensive component of restitutive tendencies in the moral attitude. They play indeed a central part in it, since the most characteristic element of the moral attitude is its sense of debt or obligation, the sense of owing something to the other person, of which presumably the latter has previously been deprived by an act of spoliation. These restitutive processes thus imply a sort of contract, whereby one buys off the injured person and thus induces him not to inflict punishment for the act of injury by attacking what is most precious to the evil-doer.

The introjection-projection mechanisms, on which Melanie Klein has laid special emphasis, play a very important part in the substitution process in question. As I indicated earlier, what is most precious to the person may be equally described as tenderness towards an object or the object itself, since the idea of the latter is always introjected in such cases and commonly even identified with the self. Similarly the idea of the external object who has been injured is also introjected and there arises both fear of the destructive powers of this evil internalized object and an impulse to submit to it. The internal loved object is deeply hidden so as to protect it from the evil object.

In my experience the moral substitution of which I am speaking is apt to be specially pronounced if the original oral-sadistic impulses have been extensively displaced on to the anal-sadistic level. I would

go so far as to say that anal-erotism and its accompanying reaction-formations are pathognomonic of the whole mechanism, and more particularly of the subsequent revolt against it of which I am next going to speak. The typical complex is the impulse to extract *faeces* by suction and the corresponding fear of this being done to one.

With many people this substitution of morality for love proves a fairly successful working basis for life. They become reliable and decent citizens who play their part in life well enough. They always suffer, it is true, from the drawback of never greatly enjoying life, and for their neighbours they present the drawback of being more or less hard-hearted and intolerant people.

There is, on the other hand, a considerable class of people of this type who are not successful in the path on which they have embarked. The failure of the mechanism registers itself in a neurosis, more often of the obsessional form. Analysis shews that the failure is due to a protest or revolt against the moral substitution. The revolt comes about in the following way. The characteristic defect of the moral substitution is the tendency of the sadistic elements in the morality to gain the upper hand. When that happens, the restitutive and protective functions of the tendency begin to fail. The sadism, which had been bound and transformed in the super-ego, reverts to its destructive elements and then threatens injury to either the self or the outer world. As we all know, people with an over-sensitive conscience, i.e. with a strong sense of guilt, are specially cruel and intolerant either to themselves or to other people, sometimes to both. When the sexual impulses have remained on an infantile level and also have not found any extensive sublimation, the directing inwards of the sadism of the super-ego leads to the fear of *aphanisis*. In these special conditions when this point is reached, there is invariably a revolt, especially from the side of the *id*.

The most visible signs of the revolt against the substitutive morality are conflicts in the sphere of duty. Such people become extremely sensitive to anything being expected of them. The very idea of it is immediately converted into that of being compelled to do something against their will, at times even against what they feel to be their better self—the revolt being by no means always dictated by selfishness. The most striking examples of all are those in which even a personal wish comes to have the significance of an external compulsion. Such a person will start on a plan of gratifying a wish of his, and if it necessitates any continued effort will rebel at the idea of having to carry

it out, just as if it were a task he was being expected to perform against his will.

At this point one may observe a variety of types, and I wish to distinguish two particular ones. I do not find it easy to find suitable designations for them. Since in my opinion the revolt in the one type comes from the super-ego, the other from the id, perhaps the best terms would be the super-ego type of revolt and id type respectively. This would, however, assume more certain knowledge than we probably possess. Then again one type might be called the 'moral type of revolt', the other the 'ethical type', on the ground that with the latter the conscious dislike of duty is associated with a strong preference for the moral ethical ideal of love, whereas with the former the revolt takes rather the form of a moral condemnation by the conscience of the sadistic regression in the over-'moral' super-ego. It will be better perhaps to fall back for the time being on familiar clinical terms, though at the risk of stressing unduly the psychopathological aspects of what is strictly a characterological study. I will therefore designate them here as the *obsessional* and *hysterical* types of revolt against morality, ultimately types of defence against aphanisis. I have the impression that an essential difference between them is that with the latter the revolt is more manifest before puberty than after, whereas with the former it is more manifest after puberty. This presumably means that the revolt is more intense with what I am calling the hysterical type, where it sets in earlier. I shall now proceed to contrast the two types in a number of other respects. Let me make it clear, however, that I am no longer speaking of the more 'normal' hyper-moral type of person I described earlier, but types where there is a revolt against such hyper-morality.

The most striking difference between them is the conscious attitude towards duty. With what I called the obsessional type, the person consciously wishes to perform his duty and is dismayed at finding himself prevented by some unknown agency from doing so. The hysterical type, on the other hand, so dislikes the very idea of doing anything he is supposed to that he instantly ceases any attempt as soon as he realizes it can possibly be called a duty, and he is annoyed at anyone who may have introduced this idea, because he is thereby prevented from doing various things he might otherwise have wished to do.

Another way of expressing this difference is that with the obsessional type the revolt is unconscious, whereas with the hysterical type

it is more conscious. In extreme cases this contrast is very notable indeed.

Parallel with this difference is the fact that ordinary standards of behaviour, in such matters as financial rectitude, punctuality, social obligations, etc., are apt to be much higher with the obsessional than with the hysterical type. The latter may indeed be so non-social or anti-social as to approach the criminal type of character, i.e. they display no repugnance at the idea of criminality.

The manifestations of conscience assume a different form in the two types. With the obsessional there is self-reproach at not being more 'good' in the conventional sense of the word. With the hysterical type there is self-reproach at not being more loving or at not being able to love at all.

There is a greater renunciation of loving and enjoying with the obsessional type, which remains at a more sadistic level. The hysterical type shews more capacity for restitutive activity and approaches more to a genital level. Perhaps that is why the revolt against the morality sets in earlier here and is more intense.

The dread of aphanisis is differently manifested in the two types. With the obsessional one it is purer, taking, for instance, the form of fearing slavery, loss of personality, etc., although one also sometimes sees this re-sexualized as a fear of anal assault. With the other type the dread is more characteristically hysterical, such as the fear of being overcome by sadistic excitement.

The cause of all these differences would seem to be partly constitutional, the one type evidently having a more obsessional disposition and the other a more hysterical one, and partly an economic one concerning the quantity of sadism present and the age at which this gave rise to insoluble conflict.

THE SCOPOPHILIC INSTINCT AND IDENTIFICATION

BY

OTTO FENICHEL

PRAGUE

I

In the following paper it is not my intention to present anything fundamentally new : I have sought merely to connect and comment upon certain facts which are already familiar in psycho-analysis.

One such well-known fact is the influence exercised upon our psychic processes by the symbolic equation : to look at = to devour. When someone gazes intently at an object, we say that he ' devours it with his eyes ', and there are many similar phrases. Psycho-analytical writers have been struck by this unconscious significance in one form of looking in particular. Strachey in his paper on reading begins by examining its pathology (the inhibitions of reading and the passion for it) and goes on to show that the participation of the unconscious mind in reading always represents the idea that the sentences, words or letters read are objects being devoured by the reader.¹ On a previous occasion I quoted in confirmation of his view the following significant lines by Morgenstern :

Korff brought out a mid-day newspaper
and anyone who read it
found himself full up. . . .²

Another conclusion which Strachey draws is that the idea of devouring, which in the unconscious underlies that of reading, actually represents a form of sadistic incorporation, with all the qualities which we associate with other ambivalent oral incorporation-tendencies. This interpretation throws immediate light upon certain types of libidinal reading. If reading represents an act of incorporation, it explains the passion which so many pregenitally fixated persons have for reading in the water-closet. It is an attempt to preserve the equilibrium of the ego ; part of one's bodily substance is being lost and so fresh matter must be absorbed through the eyes. Some persons of an oral-erotic

¹ Strachey, ' Some Unconscious Factors in Reading ', this JOURNAL, Vol. XI, 1930.

²

Korff erfindet einer Mittagszeitung,
welche, wenn man sie gelesen hat,
ist man satt. . . .

disposition are prompted by libidinal impulses to read whenever they are eating, but here the matter is more complicated. We must assume that their oral erotism, when stimulated, requires a twofold satisfaction.

We have other evidence to show that looking has the unconscious significance of devouring. The wolf in Little Red Riding Hood declared, first, that he had such big eyes, the better to see his victim and, next, that he had such a big mouth, the better to eat her up. Probably every psycho-analyst could produce analytical material in support of this equation.³

In magic the act of looking has various meanings, of which devouring is only one; the lore of magic knows many methods of putting a spell upon a victim by means of a look. By the magic glance one renders him defenceless, generally by paralysing him or otherwise making him incapable of movement. My readers will recollect that snakes are said to fix with their gaze animals which they wish to devour, so that the victims walk into the snake's jaws of their own accord; anyone who encounters the basilisk's eye is turned to stone and similarly the 'true' hypnotist (as the attraction of the uncanny prompts people to conceive of him) lays a spell on his victim by fixing upon him an irresistible gaze. In all these cases the eye, or the glance, is a sadistic weapon. Freud⁴ and other writers⁵ have pointed out that this is because the eye is used to symbolize the penis. But in many cases it is quite clear that the sadism which has its source in the eyes is *oral* in character. Curiously enough, this is sometimes the case precisely when the phallic significance of the eye is unmistakable. The snake fascinates its victim in order to devour it. The most familiar instance of erection-symbolism in relation to the eye is to be found in Andersen's story of the Tinder-Box, where we read of dogs with eyes as large as saucers, as soup-plates, and as the Round Tower

³ It was on the strength of such material that I wrote as follows: 'There are many cases of anxiety-hysteria in which we can detect violently destructive tendencies operating with relatively great strength. This often comes to expression by way of the equation: looking = devouring.' *Hysterien und Zwangsneurosen*, S. 49.

⁴ The first reference to this idea occurs in *The Interpretation of Dreams*.

⁵ In Band I of the *Internationale Zeitschrift für Psychoanalyse* there are papers on the symbolism of the eye, by Eder, Ferenczi, Rank and Reitler, in all of which attention is drawn to the phallic symbolism of the eye. There are also references to its vaginal significance, a point to which we shall recur later.

at Copenhagen. Now what anyone fears about a dog is, of course, that it may bite or devour him. It is noteworthy that in all such magic procedures as I have mentioned the eye plays a double part. It is not only actively sadistic (the person gazing puts a spell on his victim) but also passively receptive (the person who looks is fascinated by that which he sees).

One particular type of enchantment by the glance of the eye is specially interesting in connection with what I shall say later. In this case the victim is neither paralysed, transfixed nor devoured, but is compelled to *imitate* all the movements which the magician makes. Freud once said that fairy-tales were 'the descendants of legends, come down in the world', and we may certainly say the same of children's traditional games.⁶ There is a well-known game in which the children sing :

' Adam had seven sons,
Seven sons had Adam.
They did not eat, they did not drink,
They looked at each other without a blink,
And they all went like this. . . . ' ⁷

At the last line one of the children makes some sort of fantastic movements and the others have to copy everything that they see him do. Again, in Kipling's story, the gigantic snake Kaa dances its 'hunger-dance' in front of the monkeys and they imitate it until finally they jump into its jaws. Any collection of examples of 'imitative magic' contains instances of this kind. In psycho-analysis we are familiar with the term, coined by Liebermann,⁸ 'magic gesture' which we apply in cases where the purpose of a neurotic symptom is that someone else should copy it. The person who magically compels others to imitate him is, in fact, making use of the expedient of demonstration. If the hypnotist, that uncanny character, can compel the person he gazes at

⁶ Cf. Schneider, 'Kinderreigen', *Internationale Zeitschrift für Psychoanalyse*, Bd. V, 1932.

⁷

' Adam hatte sieben Söhne,
sieben Söhne hatte Adam.
Sie assen nicht, sie tranken nicht,
sie sahen einander ins Angesicht,
und machten's alle so. . . . '

⁸ Liebermann, 'Über monosymptomatische Neurosen'. Author's abstract, *Internationale Zeitschrift für Psychoanalyse*, Bd. X, 1924, S. 213.

to do anything he chooses, this is certainly only a further elaboration of the original idea that he can compel him to imitate the gestures which the hypnotist himself makes.

To turn now to quite a different field: we take it as a matter of course when we say that a child who has witnessed his parents' sexual activities in a 'primal scene' identifies himself with that which he sees and we are agreed that this identification has important consequences for his whole life; but we seldom reflect on the relation between looking and identification.

Here is another point. In his book on looking-glass magic⁹ Róheim devotes several pages to the enumeration of magical customs and beliefs connected with looking-glasses. Why is a looking-glass so suited to be a magical property? In the first place, it confronts everyone with his own ego in external bodily form, thus obliterating the dividing line between ego and non-ego. And, secondly, it gives the scopophilic instinct a very special chance; 'looking-glass magic' is another instance in which looking is associated with changes in the relation between ego and non-ego.

Let us sum up our conclusions so far. In the unconscious, to look at an object may mean various things, the most noteworthy of which are as follows: to devour the object looked at, to grow like it (be forced to imitate it), or, conversely, to force it to grow like oneself. What is the connection between these relations?

II

In order to answer this question it will perhaps be a good thing briefly to recall what we know of the scopophilic instinct in general. As Freud has shown in his *Drei Abhandlungen*, this instinct is a component of the sexual instinct. In adults it serves the purpose of inducing sexual forepleasure and this in a typical way, since all end-pleasure requires contact with the partner, whereas an object which is only seen remains at a distance. Since sight is the sense by which human beings are mainly guided, we must regard it as the chief agent in the production of fore-pleasure, though, at the same time, we must remember that it is precisely in the realm of sensuality that the so-called lower senses are most prominent. (Whether, when subserving the scopophilic instinct, the eye is to be regarded as an erotogenic zone, as it is for instance when rubbing the eyes is equivalent to masturbation,

⁹ Róheim, *Spiegelzauber*, Internationaler Psychoanalytischer Verlag, Wien, 1919.

is a point which I do not propose to examine here, because it would side-track us unnecessarily into the domain of physiology.) At all events the scopophilic instinct, like other component instincts, is liable to repression and may give rise to fixation. Freud has devoted a special paper to a description of the neurotic symptoms which ensue from the specific forms of repression of this instinct.¹⁰ And to-day we know that these may result in equally specific neurotic character-traits: especially amongst obsessional neurotics do we find persons suffering from a typical inhibition in looking, who, instead of seeing objects, make contact with the world around them only through concepts and words or by way of the other senses. The original scopophilic instinct generally betrays itself here in some sort of 'return of the repressed from under repression'.¹¹ I would mention in this connection a characteristic phobia because, although it is of wide occurrence, it has met with relatively little notice. I refer to the inhibition of the capacity for recognition, the inability to recognize people's faces. Patients suffering from this inhibition have always repressed a specially strong instinctual impulse to look at people. Possibly Berta Bornstein's interpretation applies in all such cases. She holds that it is always a question of displacement from below upwards and that what the patients really do not wish to see is the distinguishing marks of sex.¹²

What is the aim of the scopophilic instinct? I think there can be no possible doubt that it is *to look at* the sexual object. Freud adds: to look at the genitals of the desired person or to watch him or her performing the functions of excretion.¹³ We need only take at random any phenomenon from the sphere of the scopophilic instinct, or watch children who are deriving libidinal gratification from looking, in order to know what accompanies or conditions pleasurable looking: one looks at an object in order *to share in* its experience. This comes out specially clearly in the psycho-analysis of scopophilic perverts. Anyone who desires to witness the sexual activities of a man and woman really always desires to share their experience by a process of empathy, generally in a homosexual sense, i.e. by empathy in the experience of

¹⁰ Freud, 'Psychogenic Visual Disturbance according to Psycho-Analytical Conceptions' (1910), *Collected Papers*, Vol. II.

¹¹ Fenichel, *Perversionen, Psychosen, Charakterstörungen*, S. 170.

¹² Berta Bornstein, 'Zur Psychogenese der Pseudodebilität', *Internationale Zeitschrift für Psychoanalyse*, Bd. XVI, 1930.

¹³ *Drei Abhandlungen zur Sexualtheorie*.

the partner of the opposite sex. Exhibitionists, too (who unconsciously are always active scopophiliacs as well), enter by empathy, during their perverse activities, into what is actually, or what in their magical phantasy they conceive to be, the experience of their objects. Freud arrived at this conclusion long ago,¹⁴ and Landmark has emphasized the universal significance of this fact for object-love in general.¹⁵ Very often sadistic impulses enter into the instinctual aim of looking : one wishes to *destroy* something by means of looking at it, or else the act of looking itself has already acquired the significance of a modified form of destruction. Thus, for instance, the compulsion so frequently met with in women to look at the region of a man's genitals is really a modified expression of active castration-tendencies. It seems then that there are two tendencies which always or often determine the goal of the scopophilic instinct : (a) the impulse to injure the object seen, and (b) the desire to share by means of empathy in its experience. Here 'empathy' is a complicated psychological process which cannot immediately be reduced to a short formula. But at any rate it has something to do with the mechanism of *identification*.¹⁶

III

Now let us consider the position. Every pregenital component of the sexual instinct is in part auto-erotic and in part directed towards objects. In so far as pregenital instinctual impulses are directed towards objects, their object-relations are primitive and the primitive object-relation, the precursor of love and hate, is *incorporation*.¹⁷ Thus incorporation may be associated with any erotogenic zone. Thus there is a strong inherent probability that this holds good of the scopophilic instinct. The underlying tendency may be formulated as follows : 'I wish what I see to enter into me.' Now this certainly does not *necessarily* mean that the eye itself is thought of as the avenue of introjection. So there are two problems with regard to this process of 'ocular introjection', which takes its place with oral, anal, epidermal and respiratory introjection ; (i) Are the two aims : 'I desire to

¹⁴ Freud, *Drei Abhandlungen zur Sexualtheorie*.

¹⁵ Landmark, 'Über den Triebbegriff', *Imago*, Bd. XX, 1934.

¹⁶ Fenichel, 'Die Identifizierung', *Internationale Zeitschrift für Psychoanalyse*, Bd. XII, 1926.

¹⁷ Abraham, 'Study of the Development of the Libido', *Selected Papers*.

incorporate that which I see' and 'I desire to participate in the experience of that which I see' identical? and (ii) Is there such a thing as incorporation through the eye?

All that we know of the relation between empathy, identification and introjection makes it very probable that we should answer the first question in the affirmative. Empathy is always conditioned by identification and it seems that we have already good grounds for believing that all identification takes place through an act of introjection.¹⁸

Analytic experience points to an affirmative answer to the second question also. We have a particularly good illustration of this point in phantasies of head-pregnancy, in which *the eyes* play a part. For instance, one patient as a little boy was convinced that children could grow inside a mother's head, because, whenever he looked closely into his mother's eyes, he could see there the image of a child. It is a common saying that the eye is the 'seat of the soul'. This phrase in itself is not sufficient proof of the existence of phantasies of 'eye-impregnation' or of processes of ocular introjection. It is, of course, primarily suggested by physiological facts (the participation of the eyes in the play of the features), but none the less these phantasies and processes may have something to do with it.

It is scarcely possible to doubt that there is such a thing as incorporation through the eye (for we know that incorporation may be associated with any erotogenic zone). The only question is how frequent such phantasies are and what is their significance in the whole course of libidinal development.

When a child is present during a primal scene and identifies himself with his parents, we might suppose that two successive acts had taken place: First, the child *perceives* (and we must, of course, discriminate between perception and introjection, i.e. the phantasy of taking possession of and assimilating oneself to the object—a point to which we shall recur). And, secondly, he *identifies himself* with that which he perceives. But here two separate problems present themselves. In the first place, it is doubtful whether these two acts are in reality so distinct as they are when viewed in the abstract. Is it not possible that there is a mode of perception which amounts to identification? Are not the subsequent manifestations of 'ocular introjection' possibly

¹⁸ Freud, 'Mourning and Melancholia', *Collected Papers*, Vol. IV. See also the many publications on the subject which have appeared since Freud's work.

the residue or resumption of a more primitive mode of visual perception, when the objective external world was as yet not so much perceived as taken possession of, by a process akin to identification, and then subjectively elaborated? And in the second place we must ask: with what unconscious phantasies and physical prototypes of mental processes is this identification with the object seen associated?

IV

Let us begin with the first problem. When looking has become libidized, so that the aim of the person who looks is not perception but sexual gratification, it differs from the ordinary kind of looking. Libidinal looking often takes the form of a fixed gaze, which may be said to be spastic, just as the act of running, when libidized, is spastic. (Libidization has the effect of impairing an ego-function.)¹⁹

Now the *magic* glance of which we have already spoken is always supposed to be a 'stare'. (The eye of the basilisk or of the hypnotist.) Moreover, in libidinal looking in general the motor function plays a greater part than in ordinary looking. The process is more active: the world does not approach the eye but the person looking makes an onslaught with his eye upon the world, in order to 'devour' it. But, it may be objected, is it really otherwise in the ordinary, physiological act of seeing? Freud²⁰ and the exponents of perceptual psychology are agreed that even this process is not so much passive as active and that only the centrifugal impetus of cathectic energy from within the organism enables a sense-organ to function, so that it can, as it were, sample the outside world. It is, then, impossible to discover any fundamental antithesis between libidinal and ordinary seeing. Evidently the position is that that which is characteristic of every act of seeing merely becomes more manifest when the seeing is libidized. Moreover, the stronger motor element is in evidence not only in libidinal seeing but equally in every mode of 'archaic' seeing, so that the scopophilic would seem to have regressed wholly or in part to a more primitive mode of seeing. Bally points out the importance for psycho-analytical theory of investigations in the field of optics, and what he says is briefly this:²¹ There is a primitive mode of looking or of

¹⁹ Freud, *Inhibitions, Symptoms and Anxiety*. Hogarth Press.

²⁰ Freud, 'Notiz über den Wunderblock'. *Ges. Schriften*, Bd. VI.

²¹ Bally, 'Die Wahrnehmungslehre Jaenschs und ihre Beziehung zu den psychanalytischen Problemen.' *Imago*, B. XVI, 1931.

visual representation. This original mode of seeing cannot be divorced from motility : there is as yet no sharp distinction between perception and ideation ; seeing is a piece of active behaviour by means of which one enters into the object seen. When we say that seeing cannot be divorced from motility, we mean, of course (since the control of the motor function depends on the deep-seated sensibility which directs it) ²² that that visual perception cannot be separated from kinæsthetic perception ; in seeing, our whole body undergoes change. The object seen is at first not sharply differentiated from one's own body—and this is true originally of the whole object-world by whatever sense it may be perceived ; perception and the consequent motor reaction are still one and the same thing.²³ All primitive perception is a taking part in what is perceived. It is only later that perception as a separate process is differentiated both from the behaviour with which we react to what we perceive and from thought ('experimental action'), in which use is made of the data acquired by perception.²⁴ Goldstein has reported that patients suffering from cerebral lesions, who could apparently read well, became incapable of reading if anyone held their heads still. They had accustomed themselves to trace with their heads the forms of the letters that they saw and to read kinæsthetically with the help of their own movements, in order to compensate for the defect of a central function.²⁵ The organic disturbance of a cerebral function had caused these patients to regress to an earlier phase. Thus in libidinal seeing certain characteristics of *primitive* seeing are reproduced ; that is to say, the motor and kinæsthetic faculties play a greater part than in ordinary seeing. And, since in

²² Fenichel, 'Über organilibidinöse Begleiterscheinungen der Triebabwehr', *Internationale Zeitschrift für Psychoanalyse*, Bd. XIV, 1928.

²³ In connection with this point and what follows cf. Sabine Spielrein, 'Kinderzeichnungen bei offenen und geschlossenen Augen.' *Imago*, Bd. XVIII, 1931.

²⁴ Even at a later period, however, each separate thought is seen on closer examination to have its origin in that stratum where there is still only imperfect differentiation, not only between thought and action but also between both these processes and that of perception. Cf. Schilder, 'Über Gedankenentwicklung', *Zeitschrift für die gesamte Neurose und Psychose*, 59, 1921.

²⁵ Cf. Steinfeld, 'Ein Beitrag zur Analyse der Sexualfunktion,' *Zeitschrift für die gesamte Neurose und Psychose*, 107, 1927.

psychic development a lower phase always persists to a certain extent behind a higher one, *every* act of seeing still retains something of these characteristics.

The first relation of a human being to the object-world is invariably that of primary identification,²⁶ i.e. imitation of the external world as perceived. Here, however, another factor comes in: it is only by means of the co-operation of the motor system that full perception is possible; observation takes place *by way of* identification.

This brings us to the problem already alluded to of the relation of perception to introjection in general. It would certainly be incorrect to regard these two concepts as identical or to define perception as a variety of introjection. One does not become like every object which one has seen. Nevertheless the relation between perception and introjection must be a close one and we can surmise its nature. Perception and secondary identification are two separate products of what was originally a single process. Freud long ago recognized that primitive perception is akin to introjection.²⁷ Simmel holds that the oral erotogenic zone, the first organ of incorporation, is also the organ of our earliest perceptions, so that all the organs concerned in subsequent perception derive some of their qualities from this, their original predecessor. He defines the eye and the ear as 'organs of introjection for the elaboration and satisfactory assimilation of optical and acoustic perceptions'.²⁸ In phantasy also the eye and the ear are conceived of as organs of sex designed for the reception of the object. (We must observe that, all the same, they seem less suitable for such representation than another sense-organ, the nose, for in olfactory perception the introjection of minute particles of the objects is actually *real*.)

The fact that libidinal seeing is a partial regression to these archaic forms of seeing explains how it is that, as we have already noted, the aim of the scopophilic instinct regularly includes elements of sadism and the desire to incorporate the object.

²⁶ Fenichel, 'Die Identifizierung', *Internationale Zeitschrift für Psychoanalyse*, Bd. XII, 1926.

²⁷ Compare in this connection Freud's remarks on the 'purified pleasure-ego'. 'Instincts and their Vicissitudes', *Collected Papers*, Vol. IV.

²⁸ Simmel, 'Prägenitalprimat und intestinale Stufe der Libido-organisation'. Delivered before the Twelfth International Psycho-Analytical Congress, Wiesbaden, 1932. Author's abstract in the *Internationale Zeitschrift für Psychoanalyse*, Bd. XIX, 1933, S. 245.

V

Let us now turn to the second question : with what phantasies of ' physical prototypes of mental processes ' is incorporation by means of the eye associated ?

The present study is really the outcome of certain clinical observations bearing on this point. They relate to two cases, one of which I propose to discuss in some detail.

The general outline of the first case was as follows ²⁹ :

A young girl had suffered as an infant from a gastric affection, on account of which she had been put on a starvation-diet. This engendered in her peculiarly strong oral cravings. In the period immediately following this illness she had contracted the habit of throwing her bottle, when she had finished the milk in it, on the floor and breaking it, a gesture which I construe as an expression of some such thought as this : What good is an empty bottle to me ? I want a full one ! As a little child she was very greedy. The oral fixation manifested itself in an intense dread of a loss of love and a passionate clinging to her mother. It was therefore a great disappointment to her, at the age of three, when her mother became pregnant. The patient wanted to do exactly the same to her mother's enlarged abdomen as she had previously done with the empty bottles : to destroy it, devour its contents and doubtless to take their place herself. After the child's birth, the patient snatched her baby sister's bottle from her mouth, drank up the contents and thrust it empty so far down the infant's throat that she was almost choked. It was no wonder that, when the patient discovered the existence of the penis, which she did about this time, she perceived it in terms of ' the child in the abdomen ' and wished to tear it out (or push it in), eat it up and put herself in its place.

Her mother's death, which occurred when the patient was five years old, strengthened the oral fixation and completed for good and all the displacement on to her father of the attitude which had originally characterized her relation to her mother. For a very short time the child was happy in the expectation that she would now take her mother's place. This happiness was shattered not only by a heavy

²⁹ This survey of the structure of the case has already been given in my *Perversionen, Psychosen, Charakterstörungen*, S. 50. A discussion of the theoretical problems involved will be found in a paper entitled ' Weiteres zur präödpalen Phase der Mädchen ' (Fall 2), *Internationale Zeitschrift für Psychoanalyse*, Bd. XIX, 1933.

sense of guilt (for long before the Œdipus phase she had wanted to kill her mother because of her pregnancy) but by real disappointments (a governess came to live in the house and the patient found herself once again in the position of a little child). But there was something more : her own (oral) incapacity to bear the loss of her mother and her mother's tenderness. The true Œdipus complex, the love-fixation to her father, which now rapidly established itself and stamped its impress upon her later life, derived its unconscious specific form entirely from a transference of her pregenital relations with her mother to the genital relation with her father. This was characterized either by the phantasy of tearing out the penis (the child) and devouring it ; or again, by the phantasy of being attached to or enclosed in her father's abdomen and being devoured herself, so that, lying in the body which was at once paternal and maternal, she was secure from the fear of any further loss. And finally she phantasied that she was wholly transformed into her father's penis and shared in his masculinity. All her later attachments to men were modelled on this prototype and permeated by impulses towards identification as well as by the idea of being a tiny creature nestling against the love-object. During the years of puberty she had the following masturbation-phantasy, accompanied by a crushing sense of guilt : she was raped by a negro in a corset-shop. This phantasy at once concealed the Œdipus complex and embodied its pregenital antecedents. For 'corset' proved to be a screen-word for the idea of 'getting rid of a large abdomen', and the 'negro' represented the father, the ogre who devoured little children, stuck them into his belt and let them dangle there.

In this account I have done far less than justice to the patient's strongly developed scopophilic impulses. These took two principal directions : (a) phenomena connected with physics and (b) reading.

The first was easy to interpret. Her father had shown and explained to her various experiments in physics. Thus her leaning towards that branch of science was primarily a leaning towards her father. She always took a particular delight in experiments in which she could watch the rise of fluids. This had a genital significance and represented in the first instance the unconscious wish to watch her father urinating. Again, anything connected with reflection in mirrors had a special interest to her. She had once seen some 'living pictures' in a 'Tanagra' theatre ; these dainty little midgets stood in her unconscious for the penis. Moreover, she had an uncle who was an

oculist and possessed an ophthalmoscope. She conceived the idea that this was a magic mirror with which one could see through a person's eye right into his body. She constantly asked to have the way the mirror worked explained to her and to be allowed to look through it. (But she was never permitted to do so.) In her imagination another of her uncle's instruments was inseparably associated with the ophthalmoscope and was also an object of absorbing interest to her. This was his large magnet with which, he said, he could draw things out of people's eyes. She was enormously interested in all medical matters, partly as a result of her interest in the oculist's instruments. We may say provisionally that the main object of her scopophilic instinct was the penis. At the same time she had the idea that the eye gave access to the interior of the body.

Accidents were another object of her curiosity and she wanted to be able to witness them. On one occasion, when her father came home with a bandage over his eye, her excitement was intense: here was a combination of her two great interests—an accident and something to do with the eyes. She always wanted to see 'illnesses' in general; it was easy to recognize that this was a case of active castration-tendencies and that for her 'seeing' also signified 'injuring'.

We seem to have travelled a long way from problems of identification. We see that a certain person's scopophilic instinct really signifies 'I want to see how someone is castrated', or 'I want to see how I could castrate somebody', but it does seem incredible that this could also mean 'I want to be castrated myself'.

Yet, improbable as it seems at first sight, there was one element in the situation which indicated that this was the true interpretation. I mean the part played by identification throughout the patient's life.³⁰ The whole aim of her tender impulses was to be a tiny creature nestling close against the large body of a man. Her unconscious, and to a certain extent her conscious, love-life was principally conditioned by masculine sympathy with her sexual partner. On one occasion, when her lover failed in coitus with her, her reaction expressed itself in the words 'We are impotent'. Another time, when she heard that a man-friend had had sexual intercourse with another woman, she involuntarily thought 'How could he? He cannot possibly do it with-

³⁰ Cf. my more detailed account of this case in the paper already referred to.

out me'. When her lover was absent from her for some time, she felt 'as if she had a wound' in her back, as though she had been joined to him there and were torn away from him.

It is quite evident that the patient's strong scopophilic instinct, of which the aim was to *see* the penis, had for its counterpart the no less powerful phantasy of herself *being* a penis.

These two tendencies were represented in the phantasy of the 'father's body', where she was a little child dangling from a man's belt; they finally turned out to be a superstructure, built up on a deeper stratum, where the mother was the chief love-object. It was her mother's pregnancy which led her to adopt an attitude only later displaced on to the man and his penis. She had wanted to inspect her mother's pregnant body closely and to lie within it herself in place of the strange child. Here, seeing had a sadistic significance and corresponded to the phantasy to which Melanie Klein has drawn attention, in which the subject desires to penetrate the mother's body by an oral act of destruction and subsequently fears retribution in the form of a similar assault upon his or her own person.

For our purpose it is a matter of secondary importance whether the oral sadism and the tendency to identification, simultaneously manifested in this patient, had reference primarily to the penis or whether that organ simply stood for the contents of the mother's body. What concerns us here is, first, that the two tendencies were represented by scopophilic impulses in relation to both objects, secondly, the fact that they could be discovered only by the analysis of dreams of looking and other phenomena connected with libidinal seeing and, thirdly, the manner in which they were revealed.

The patient's dread of her own destructive impulses in relation to her mother's body and of "being devoured" herself by way of retribution came to light in a number of dreams of looking, in which female symbols, horribly distorted, were seen by her through a window or in a theatre, etc. It was easy to recognize the nature of her conflict 'I want to look at the inside of a body' (cf. the ophthalmoscope), 'which I picture as a place of bloodshed where one is devoured, but I am afraid of it just because it is like that'. In contrast to the anxiety associated with such dreams was her bliss when, by way of exception, she had an opportunity 'to look at the inside of a body' without any sadistic impulse. Her delight was unbounded when, as a child, she was once shown the model of a mine and when, on another occasion,

her father took her for a walk and pulled a potato out of the ground in order to show her how it grew.³¹

It is clear then that for this patient seeing represented destruction and oral introjection of the pregnant body and the penis. But we have as yet no idea how the scopophilic instinct came to be utilized thus, whether it is really correct to speak of 'ocular introjection' in this case and with what special phantasies the process was associated. The analysis of the anxiety-attacks, which were the reason for the patient's coming for analysis, led directly to visual experiences. The anxiety overtook her for the first time at a meeting and at a moment which had left a vivid visual image engraved upon her mind. A speaker had worked himself up into a state of excitement and held up his arm in a threatening way. We can see at once that the gesture had a phallic significance. The analysis of it led to the patient's dread of the mother who had died so early: she felt her mother would come and punish her for wetting her bed. (The ideas of punishment and sexual gratification were here condensed in a remarkable manner.) The qualities of her mother as an agent of sexual punishment had been transferred to the penis and men in general, and the patient thought of her exclusively under visual images. For instance one memory emerged in a truly dramatic fashion: she remembered how, in a state of sexual excitation, she had watched a window-curtain blowing in the wind, whereupon the dread of her dead mother's return took the form of the curious idea that the flat curtain was turning into a solid two-dimensional or three-dimensional body. The analysis of all this material involved analysis of certain childish phobias connected with looking.

As a child of five years old, the patient had had an attack of acute anxiety at the theatre (this was the prototype of her anxiety-attack at the meeting). Later she evolved a phantasy that the people whom she had seen on the stage were now ghosts, doing evil deeds in a house opposite her own home. When they appeared at the window, they were ordinary human beings, made of flesh and blood. But by degrees

³¹ One of the principal factors in her delight in looking at models was the thought that, although smaller than the original objects, they were yet qualitatively exactly the same. This idea was based on the equation of child and grown-up, and also on the longing to prove to herself that a clitoris, although smaller than a penis, was otherwise exactly the same thing.

as they drew back into the house, they shrivelled, becoming just like pictures painted on a wall, and finally vanished altogether. Then, when they approached the window again, they gradually became substantial. Often they would slowly appear, disappear and reappear in a rhythmical sequence. Up to a certain point these phantasies were pleasurable but after that point the pleasure changed to manifest anxiety. She had forgotten them until her analysis.

Here we have again the motif of pictures becoming bodies in three dimensions. We shall connect this first of all with the idea of the return of the dead mother (ghosts are dead people), while in the rhythmically repeated appearance and disappearance we see an expression of the sexual excitation which was evidently associated with the child's idea of her mother.

Presently a new detail emerged : the ghosts had no feet, they had instead little round wooden discs. This seemed on the one hand to indicate castration thoughts and, on the other, to be an allusion to some toy. It turned out, however, that the patient had once had a book with pictures of people who had queer little wooden discs like those in her phantasy. Her first recollection about this was that she never wanted to look at the picture-book. It was not until later on that it became clear that she had had a real dread of looking at it and that a marked ' picture-book phobia ' had preceded her visit to the theatre and her phantasy of the ghosts. I was now able to tell her what she must really have been afraid of in looking at the pictures : she thought they might jump out of the flat page and become alive.

This interpretation was confirmed by a curious experience. At the time when we were analysing this material the patient went for an excursion, when, all at once, the landscape assumed a strangely unsubstantial aspect, as if it had suddenly been reduced to two dimensions only. This sensation was accompanied by a feeling of anxiety. Her associations showed that the landscape had reminded her of a picture in a book.

Now how does a child, looking at pictures, conceive the idea that they might come to life ? Doubtless the biological basis for her notion was that, owing to her strong optical interests, this child actually saw the pictures that she looked at as solid bodies. The only question is what was the psychic significance of her experience ?

It was easy to discover the most superficial of its several meanings. From the age of five she had had, hanging over her bed, a portrait of her dead mother. This was the source of her phobia : she longed for the

portrait to become alive and yet she dreaded its doing so. Evidently this anxiety sprang from the oral-sadistic attachment to her mother upon which her whole sexual life was based.

Analysis showed that she had had the picture-book phobia in her mother's life-time. But this fact does not contradict our conclusion. We have seen that her instinctual aim, with its cathexis of anxiety, was always to look at and to identify herself with a penis or a child in her mother's body, the act of looking being equivalent to the infliction of an (oral) injury. It is plain that the 'living pictures' in a 'Tanagra' theatre were penis symbols, so too the little figures in the picture-book which were stiff because they walked on wood. And it is not difficult to recognize pregnancy- and birth-symbols in the people who made themselves out of nothing, in the interior of a house (which the patient equated with a cave or the interior of the earth). But why should the optical experience of seeing the pictures turn into solid bodies suggest so forcibly the idea of destroying and devouring or of being destroyed and devoured?

At the time when she had a dread of the picture-book the patient suffered from another form of anxiety, which was more deeply repressed and only came to light later. She had had a toy, called a 'wheel of life', a sort of embryo cinema. It was in the form of a revolving cylinder, divided into sections, in which one placed sheets of pictures. If one looked at these as they revolved through the different sections, the successive positions assumed by the pictures gave them the appearance of being in continuous motion, and also made them look like solid figures. Here she saw with her own eyes pictures turning into solid bodies (the prototype of her subsequent interest in the marvels of physics). It was a phenomenon which terrified her. She recalled how she had had to turn away her eyes in an agony of fear, because she had a feeling (based on a law of physics) that the pictures were jumping into her head. She recalled, too, which series gave her the most acute anxiety; it was one representing a clown, jumping through a paper-covered hoop and tearing it. Here once more the penis- and birth-symbolism is obvious. The picture which came forward out of the plane-surface and turned into a solid body symbolized the protruding penis or the pregnant abdomen. And the underlying processes of oral introjection were represented by the idea that these protruding objects were leaping into the eye which looked at them. The expectation that pictures, steadily gazed at, would leap into her eyes was really a dread of retribution: 'That which my eyes pierce will pierce me'. But it

is important to note the special form of this retribution: 'Just as I pierced it with my eyes, so the first thing it will pierce will be my eyes'. Moreover, when we remember what identification with a penis or a child in the mother's body signified to this patient, we cannot doubt that to force one's way into the body through the eye represented in her mind as complete a process of introjection as is implied to the general run of people by entering it through the mouth.

Phantasies similar to those analysed here seem often to play a part in the minds of even those children whose psychic processes are less completely dominated by 'ocular introjection'. One patient, whose scopophilic instinct was not otherwise particularly marked, told me how in his childhood he had had a dread of magic lanterns. He said 'I was always afraid that the pictures would jump out and bite me'.³²

I would mention in this connection the curiously pleasurable excitement with which most children look through opera-glasses, often, too, through the wrong end. Probably their experience on such occasions is identical with that which our patient described as seeing objects becoming two- or three-dimensional. It is a visual experience of the archaic type. The child sees objects approach and grow larger or recede and grow smaller, all in an uncanny way. To the unconscious this probably signifies that these objects are forcing their way into the child's own eyes or are being ejected from it. Many children make a game of advancing towards a mirror and then retreating from it, or else pressing on their eyeball and so producing a double image which approaches or recedes. Probably the same psychic mechanism is at work here. Moreover the child's perception of his own excitation expresses itself in a general way in some rhythmic (in this case, visual) crescendo and diminuendo, and in analogous sensations conveyed to him by one or other of his senses—especially those of equilibrium and space—or by all his senses simultaneously.³³

Analysis showed that our patient's passion for reading was closely

³² This is somewhat reminiscent of a dream related by another patient who was afraid of magic lanterns: 'I saw a child squashed flat'. I have quoted this in my 'Über respiratorische Introjektion', *Internationale Zeitschrift für Psychoanalyse*, Bd. XVII, 1931.

³³ This interpretation is not incompatible with Freud's statement (*The Interpretation of Dreams*) that the feeling one has in dreams of seeing everything 'through the wrong end of an opera-glass' means that the events seen happened a very long time ago.

connected with her former picture-book phobia. In the printed letters or word-images she saw 'substitutes' for the objects and figures previously seen in the picture-book. (Here she was right from the objective as well as the subjective point of view.) Formerly her impulse was to cause the pictures she saw to turn into solid bodies, in order to devour them with her eyes, and it had consequently caused her such terror; now it was permissible for her to gratify it since she had displaced it on to a new object. Letters are substitutes for concrete objects; this is so to a very much greater extent in the mind of a child who is learning to read than in the mind of an adult. Difficulties in reading depend not only on what objects the letters symbolize, but also on how the reader intends to treat them, i.e. they are associated with the secret, sado-masochistic idea of incorporation which is attached to the act of reading.

When discussing another aspect of this case I showed that the patient's principal sexual anxiety was connected with the idea that a man (in a deeper stratum, her mother) might 'make a hole in her', so that she would wet herself (because she had wetted herself). Here the act and its punishment are fused into one. Relating this idea to the scopophilic impulses (while ignoring, for the moment, the deeper stratum) we may formulate it as follows: the penis might leap out, detach itself, make a hole in her eye and so force its way into her. Her eye itself thus acquires a phallic significance. Earlier in this paper we asked the question how this patient's two dominating ideas: 'I want to *see* a penis' and 'I want to *be* a penis' were connected with one another. We can now answer: by the phantasy that the penis, if seen, would force its way through her eye into her body.

VI

Material similar to that which has been discussed here occurs exceedingly often, though it may not be so patent or so powerfully cathected.

Phantasies of 'ocular introjection' must be accorded the same status as the ideas of incorporation associated with the other erotogenic zones. There are still some problems in this connection which demand our consideration.

Long ago Freud recognized, and we regard it as a matter of course, that the eye is a phallic symbol and that, accordingly, to be blinded signifies to be castrated (especially as a punishment for some transgression prompted by the scopophilic impulse). Can it be that the eye

acquires this significance only through identification with a penis which is seen and thereby introjected? This can hardly be so; the *tertia comparationis*: 'the most noble organ' and 'the vulnerable organ' probably suffice to explain the phallic nature of the eye. But no doubt ideas of incorporation may *reinforce* the symbolism. If the eye stands for the penis, then the eye fixed in a stare stands for the penis in erection.

In our patient's associations there constantly recurred the fairytale of the stone prince in the Arabian Nights. Over and over again in her dreams and phantasies figures of men appeared which had their prototype in this tale. The upper part of their bodies was ordinary and familiar, perhaps that of her father, while the lower part was somehow uncanny, being rigid or like that of an animal. The man with the belly of stone signified to her the man with the belly of a beast—in fact, a centaur; a counterpart was the Little Mermaid from Hans Andersen's story, who had a fish's tail instead of legs; a figure which also played a great part in her phantasy. The purpose of these phantasies was simply to repress or psychically to master her observations of the genitals of adults in childhood. Now the rigidity of the stone prince, his disability and his immobility were stressed in a very remarkable fashion. They signified something more than erection. We recall the fact that to be turned into stone is, like losing his sight, a very frequent punishment for the scopophiliac. A person who looks at something terrible is turned into stone (you will remember the story of the head of Medusa).³⁴ This means that, like the victim who encounters the paralysing glance of a snake, he is incapable of movement. The head of Medusa and other objects the sight of which is fatal have been conclusively demonstrated to be symbols for the female genital, and so to be turned into stone symbolizes the shock of castration with which such a sight is visited, or even castration itself. Loss of the power of motion signifies loss (not only of life but) of the penis, while a stony immobility signifies (being dead and) castration. When we reflect that the object which turns people into stone is very often a glaring eye (basilisk, snake, hypnotist), it is natural to conclude that such an eye is another symbol for the terrible, devouring, female genital. Now we noted that the oral-sadistic eye, which seeks to devour everything, also has this fixed glare, a fact which

³⁴ Ferenczi, 'Zur Symbolik des Medusenhauptes', *Internationale Zeitschrift für Psychoanalyse*, Bd. IX, 1923.

accords well with the interpretation just given. Let us recollect further that one of the problems which I suggested at the beginning of this paper was how the eye comes to acquire an oral significance precisely in cases in which there can be no doubt of its phallic character. We begin to realize what is the idea which in the unconscious is the link between the penis and the mouth. It is that of the vagina, which is seen but not comprehended and about which the child is uncertain whether it conceals within it a penis or is a kind of devouring mouth. In the unconscious, contradictions can exist side by side. To be turned into rigid stone symbolizes not only erection but also castration, just as the eye symbolizes not only a penis but a vagina (and a mouth).³⁵

The idea of being turned into stone reminds us of the strange immobility of the wolves in the Wolf-Man's dream.³⁶ Freud interprets this as 'representation through the opposite', i.e. the immobility stands for the vigorous movement which the child must have witnessed during the primal scene. Now there was one person who, as Freud also has noted, actually was rigid during this scene; the child who witnessed it. So, 'to be turned into stone' by the sight of something means to be fascinated by it. The primary basis of this phantasy must have been the recollection of the physical feeling of actual inability to move and rigidity which comes over a person who suddenly sees something terrifying. This fascination represents the child's helplessness in face of the enormous masses of excitation experienced when he witnesses the primal scene. Further, it has something to do with the adult genitals which he observes—with both erection and absence of the penis—and indicates his identification of his own condition with both of these, and especially his expectation of castration. At all events, in the case of the stone prince, the immobility of the person who looked was displaced on to the object looked at. And a similar displacement takes place in the act of libidinal seeing, when subject is confused with object and the ego with the outside world.

There is, however, a still deeper significance in the mechanisms of introjection or identification here at work.

Why were Lot and his company forbidden to look at Sodom as it perished? Because the sight was the sight of God Himself! But

³⁵ As early as 1909 Abraham drew attention to the bisexual character of the eye (*Traum und Mythos*). Since then several other authors have made the same point.

³⁶ Freud, 'History of an Infantile Neurosis', *Collected Papers*, Vol. III.

no one can bear the sight of God. Why not? What is the sin in looking? Surely it is that looking implies identification. If a man looks upon God face to face, something of the glory of God passes into him. It is this impious act, the likening of oneself to God, which is forbidden when man is forbidden to look at God. 'Thou shalt not make to thyself any graven image' is a variation of the more general prohibition which forbids us to look at God.

So to be turned into stone means also to be punished for seeking to become that which one has seen and, after the fashion familiar to us in hysterical identification,³⁷ the idea includes that of sacrilegious identification, translated, however, into terms of the super-ego. And this identification is achieved by looking at the object: he who looks at that which has been castrated (the head of Medusa) himself undergoes castration. He who looks at the dead is himself struck dead. Therefore the counterpart to the dread of being turned into stone is that of being forced in some uncanny way to look at a stone (dead) man. (Cf. the 'guest of stone' in *Don Juan*).³⁸ Again, the eyes of the dead must be closed, because otherwise they would slay with their look those who still live³⁹; the underlying idea here is the same, but the sadism of the eyes is once more displaced from the person looking to the object looked at.

When we realize that, from a schematic point of view, the idea of being turned into stone represents the reaction to the witnessing of a primal scene, we can appreciate how many elements are contained in it: erection and castration, the death of the parents and, above all, identification with that which is seen, identification which is at one and the same time a wish-fulfilment and a punishment. What concerns us most in our present context is that, when we are fascinated by some sight, the fixity of our own devouring gaze (of which we have an inner perception) is not only the basis of physical feeling on which is founded the phantasy of being turned into stone but is also, in phantasy, the bridge by which identification occurs. I would add that such an experience of fascination results in more than a fixity of gaze: the whole muscular system becomes rigid (feeling of paralysis), especially the respiratory muscles.⁴⁰

³⁷ Fenichel, *Hysterien und Zwangsneurosen*, S. 29 ff.

³⁸ Rank, 'Die Don-Juan-Gestalt', *Imago*, Bd. VIII, 1922.

³⁹ Róheim, *Spiegelzauber*.

⁴⁰ Fenichel, 'Über respiratorische Introjektion', *Internationale Zeitschrift für Psychoanalyse*, Bd. XVII, 1932.

An idea frequently met with in the analysis of patients is that the moon is a 'dead man' (or, in the primal scene, 'a man in vigorous action') whom one is forced to look at by some fascination and yet dare not look at because, if one did, one would die and become rigid oneself. The wan light of the moon does give a very strong impression of fixity and immobility. It is said to lay a spell upon the 'moon-struck' somnambulist⁴¹; obviously it is here equated with the unwavering eye of the hypnotist who puts a spell on his victim. The movements of the somnambulist, like those of persons in hypnosis, are described as unnaturally stiff and wanting in freedom.⁴² He is compelled to follow the direction of the moonbeams, just as a person in hypnosis is compelled to imitate the movements of the hypnotist. The characteristics of the subject's own state of fascination are projected on to the moon; it is as motionless and silent as the watching child, as dead as the child fears that he himself will shortly be. (One of the ideas associated with somnambulism is that the 'moon-struck' person is in imminent danger of his life, that he might, for instance, fall off a roof. This is in accordance with the psycho-analytical observation that the dread of falling is derived from the dread of bursting as a result of the discharge of one's own excessive sexual excitation.) The moon, at which one is compelled to look, is perceived as a face, an eye, which, like the eye of God, sees everything. It too symbolizes those terrible objects of the scopophilic instinct, identification with which takes place by means of a look and upon which are projected one's peculiar bodily sensations; they are, of course, the parents in the primal scene and, above all, their genitals. Here, as in the case of the head of Medusa, the female (maternal) elements predominate. It is clear then that the moon stands for an eye and that one identifies oneself with it by looking at it.⁴³

⁴¹ [In German the word *mondsüchtig* has the double sense of *moon-struck* and *somnambulist*.—Translator's note.]

⁴² This peculiarity has a real physiological basis, for certain types of sub-cortical movement become relatively more noticeable in somnambulism. However, we are here interested not so much in persons actually under the influence of somnambulism or hypnotism as in the part which these phenomena play in legend and folk-lore.

⁴³ We may compare in this connection the very full material on the subject of the moon to be found in the works of Sadger, 'Über Nachtwandeln und Mondsucht' (a clinical work) and Róheim, 'Mondmythologie und Mondreligion', *Imago*, Bd. XIII, 1927 (ethnology and folk-lore).

Akin to the idea of being turned into stone is the childish phantasy that a grimace may 'stick' or 'you'll be "struck like that".' The uncanny feeling experienced when dead people look as if they were still alive, as if they had 'stuck' in the midst of whatever they happened to be doing, has the same character. (Cf. the story of the Sleeping Beauty.) Here again we often discover the idea of identification accomplished by means of a look.

Thus we arrive at the conclusion that the rigidity of a person turned into stone stands for the fixed gaze and the rigidity of the whole muscular system of a person fascinated by something he sees, and that it signifies erection or (death and) castration. In this train of thought the essential point is that looking is conceived of as a means of identification. If we pursue it, it leads us finally to the problems of the effect of shock and of traumas in general. i.e. the victim's sudden inability to master the outside world, a reaction which is a mode of defence against excessive masses of excitation.

VII

Freud has stated that the super-ego is a product of introjection. Whenever conformity to the demands of another person involves *looking up* to him we have, on the one hand, a proof of the existence of ocular introjection, and, on the other, of the genesis of the super-ego through introjection. There are hundreds of different instances of this sort. For example, he who stumbles looks at the image of God and stands firm again. Or, we derive moral strength by looking at the picture of someone whom we desire to copy—the very word 'copy' implies looking. It is certainly true that that which it is one's duty or desire to imitate must first have been perceived and that such a perception does in itself amount to an 'ocular introjection'. But here it is not merely a question of reinforcing one's moral courage by acquiring visual evidence that other people are moral and that they behave in such and such a way. Rather it is a question of *the magical property of a look*: through the look itself the characteristics of that which is looked at are acquired by the person who looks.

VIII

The unconscious processes which in the history of our race have formed the basis of the plastic (and other) arts are reproduced to-day in the unconscious of the artist. Ella Sharpe, following up suggestions

thrown out by Melanie Klein,⁴⁴ has worked out a theory as to the nature of these processes, and this dovetails at various points with my argument. She holds that the representation of objects in works of art is primarily an unconscious attempt at 'making reparation' for crimes previously committed in phantasy—above all, an attempt to reanimate persons whom one has killed by means of the 'omnipotence of thoughts'. Such slaying or destruction is conceived of as having been effected by introjection; reanimation is achieved when the introjected object (the design of the artist's phantasy) is restored to the outside world in the form of a work of art; in other words, it undergoes projection.⁴⁵

If it proves that this discovery is general in its application, it will be important in our present connection. For the artist looks at some object in nature, elaborates in his mind the image which he has formed of it and then employs his power of artistic creation to turn it into a work of art. If his unconscious phantasy is really concerned with killing and reanimation, then there is no doubt that it is the original act of *looking at* the objects which is held to be equivalent to killing and devouring them and for which restitution must be made by 'spitting out' the work of art. It is a well-known fact that in plastic artists the scopophilic instinct is peculiarly strong and susceptible of sublimation. The suggestion now is that in their case also scopophilic activity signifies an introjection of the external world by a process of oral destruction.

It seems not improbable that this is actually the case. At any rate I have some confirmation of the hypothesis in the detailed analysis of the inhibitions from which a certain woman painter suffered in connection with her work. During certain periods of her analysis she became temporarily unable to work. We finally discovered that this always happened when her powerfully inhibited sadism, in particular her active castration-tendencies, were mobilized either by some material which just then emerged in her analysis or by some external event. Her inhibition then manifested itself, side by side with various other symptoms designed to protect her against her own aggressive impulses; so there could be no doubt that her creative work had a secret sadistic

⁴⁴ Klein, 'Early Anxiety-situations reflected in a Work of Art and in the Creative Impulse', this JOURNAL, Vol. X, 1929.

⁴⁵ Ella Sharpe, 'Certain Aspects of Sublimation and Delusion', this JOURNAL, Vol. XI, 1930.

significance. Exhaustive analysis of this inhibition showed that it was not her motor but her *sensory* powers which suffered : she became unable to see her models properly or else she felt an unconquerable disinclination to observe them accurately. She told me how strong the bodily sensation was accompanying her empathy in her model ; she would imagine that her head, her hand, etc., was just like the model's, and then she needed no longer to look but was guided in her work by her own bodily sensation. When the 'sadistic' periods occurred her capacity for empathy was impaired. It seems then that it was her identification with the object she was painting which introduced an element of unconscious sadism into the act and, once again, this identification was achieved by ocular means.

Here is one detail taken from her various sadistic ideas. The patient developed temporarily a neurotic dread of a certain aged and famous painter. We discovered that this dread was a new edition of an infantile anxiety : as a child she had had just the same fear of her grandfather, who actually had been very brutal to her, and whom she therefore conceived of as the castrator (in order to shift the responsibility from her mother who, in a deeper stratum, was the object of her fear). When she reached puberty, she experienced a mystic attraction to the Mother of God and a corresponding aversion from Almighty God Himself, whom she pictured as terribly severe. She imagined Him to be like her grandfather. Although, even as a child, she drew and painted all manner of objects she had never made a drawing of her grandfather. She had a feeling that it would be quite impossible for her to do so and that, if she did, he would be inexpressibly angry. We see that she was applying to her grandfather the prohibition which has reference to God : 'Thou shalt not make to thyself any graven image'. Various details gradually showed that to draw her grandfather meant looking at him and that looking at him meant avenging herself for the castration inflicted upon her and devouring his penis. Dread of retaliation by her brutal grandfather forced her to suppress this wish. Since the offensive wishes were embodied in the idea of painting, her dread of retribution inevitably assumed the form of a dread of being painted. This was her reason in later life for selecting a famous artist as a transference-substitute for her grandfather.

It was plain that in this patient the act of looking was equivalent to introjection ; it was less obvious that her creative work represented a projection, but it was by no means incredible that it had this signifi-

cance and contributed to her profound narcissistic delight when she had achieved a successful piece of work. There were times, however, when the act of painting itself appeared to have a sadistic ('anal-sadistic') connotation, the underlying idea being, 'Now I have eaten him up and he is inside me; I can do what I like with him, go on tormenting him, if I want to'.

The patient's dread of being painted was really a dread of retribution and this suggests that certain other well-known facts of ethnology and folk-lore come into the same category. The fear manifested by primitive or superstitious persons at the thought of having their likeness taken is commonly explained as a dread of magic. The idea is that anyone who possesses a likeness of someone else has him in his power, for everything that he does to the likeness happens to the person himself. This is also the reason for the efforts which such primitive persons make to prevent a stranger's possessing himself of any part of their bodies (e.g. finger-nails) or of their excrement. It is clear that they regard a likeness as part of the ego which the other person's eye (or the apparatus he uses) can take away from them, just as his hands can take away excrement. We have the best illustration of this in the idea that, as soon as the likeness begins to exercise its magical influence, the person whom it represents loses part of his personality, e.g. his reflection or his shadow.⁴⁶ When a primitive or superstitious person is looked at (has his likeness taken), he feels that something is taken away from him. Once again the eye is conceived of as an organ which robs or bites.

Finally let me remind you that man's mechanical ingenuity has actually created a 'devouring eye', which looks at and incorporates the external world and later projects it outwards again. I refer of course to the camera. When we analyse the dread so frequently displayed by children (and occasionally by grown-ups too) at the sight of a camera, we invariably find that they think of it as an eye which is going to bite off some part of them. Here the genital significance of the eye is obvious; we have found that the 'devouring eye' always has this significance. One patient had had an acute attack of anxiety as a child, when he was to undergo an X-ray examination. In analysing this anxiety it had to be admitted that radioscopy really does enable the eye to penetrate into the interior of the body, just as the patient had always wished unconsciously that his own eye might do, whilst

⁴⁶ Rank, 'Der Doppelgänger', *Imago*, Bd. III, 1914.

his dread of retaliation made him constantly afraid that such a thing might happen to himself. But the sadism which informed these phantasies was not in fact a feature of the objective X-ray apparatus.

We have seen that being blinded and being turned into stone are the specific punishments of the active scopophiliac. We can now add that there is a corresponding specific punishment for the exhibitionist : the eye which looks at him will bite off part of him or devour him whole. One often meets with ideas of this sort when analysing an exaggerated sense of shame. Probably some similar notion of ocular introjection is a regular element in the sense of shame in general.

IX

In conclusion I wish to refer to a problem of medicine, for the solution of which many more works, on quite different lines from this, will doubtless be required.

In psycho-analytical literature the problems of the psychogenesis of myopia have at various times been discussed.⁴⁷ The writers in question have taken as their point of departure the effect of myopia and have simply introduced the idea that it served some psychical purpose. What they asked was : What does the patient gain by not being able to see distant objects or by hiding his face behind a pair of spectacles ? Put in this way, the question seems to me unjustifiable, and over-simple. We cannot disregard the somatic nature of the symptom. If there is a psychic factor in its genesis, we must look for it elsewhere.

It is a well-known fact that when an organ is constantly used for purposes of erotogenic pleasure, it undergoes certain somatic changes.⁴⁸ It happens that Freud was speaking of the eyes of persons in whom the scopophilic instinct is specially developed, when he said, ' If an organ which serves two purposes overplays its erotogenic rôle, it is in general to be expected that this will not occur without alterations in its response to stimulation and in innervation ',⁴⁹ i.e. of the physiological factors in general. From the point of view of research it is probably more useful, when studying myopia, to consider the somatic changes which take place in the eye in consequence of its being used for libidinal

⁴⁷ Z. B. Jelliffe, ' Psychoanalyse und organische Störung : Myopie als Paradigma ', *Internationale Zeitschrift für Psychoanalyse*, Bd. XII, 1926. Groddeck, *Das Buch vom Es*.

⁴⁸ Cf. the very full material on this subject in Ferenczi's *Hysterie und Pathoneurosen*.

⁴⁹ ' Psychogenic Visual Disturbance ', *Collected Papers*, Vol. II.

purposes than to regard the incapacity to see at a distance as a symbol of castration. We have an additional reason for thinking that we shall discover somatic-neurotic relations when we read further in Freud: 'Neurotic disturbances of vision are related to psychogenic as, in general, are the actual neuroses to the psychoneuroses; psychogenic visual disturbances can hardly occur without neurotic disturbances, though the latter surely can without the former.'⁵⁰

What has ophthalmic medicine to say on the subject of myopia? We are told that it is caused by an elongation of the axis of the eyeball. This elongation is attributed partly to the external muscles of the eye and partly to general vegetative changes which alter the contour of the eyeball itself. It would seem, then, that incapacity to see distant objects has no psychic significance but is the involuntary, mechanical sequel to processes which either affect the external optic muscles or take place within the eyeballs. But what causes these processes? At all events the vegetative nervous system plays a decisive part in them, and the functioning of that system is, apart from various somatic factors, psychically determined. The question is this. We have seen that the constant use of the eye for the libidinal gratification of scopophilic impulses causes it actively to strain in the direction of objects, in order psychically to incorporate them. Is it not possible that this may finally result in a stretching of the eyeball?

We recognize that this is putting the problem very crudely. Of course an exact knowledge of the ways in which such stretching may occur would be necessary to explain why many people in whom the scopophilic instinct is peculiarly strong are not in the least short-sighted. There is no difficulty about the converse fact, namely, that many short-sighted people (often those in whom the symptom is most pronounced) show no sign of a marked scopophilic tendency. There is no reason to suppose that every case of myopia is psychogenic. And, while the stretching of the eyeball may sometimes be due to the attempt to incorporate objects at the bidding of scopophilic impulses, in other cases the origin of the disability is undoubtedly purely somatic.

⁵⁰ Loc cit.

EXCEPTIONS TO THE FUNDAMENTAL RULE OF PSYCHO-ANALYSIS ¹

BY
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By the fundamental rule of psycho-analytic treatment we mean, as you know, the injunction which we give to our patients that, during the analytic hour, they are to tell us everything which comes into their minds and to conceal none of their thoughts, whatever they may be.

This rule is necessary in our treatment if we are really to get to know the conscious and unconscious material upon which the patient's mind is engaged.

The purpose of the present paper is to set before you certain cases in which the strict application of this rule may very possibly be inexpedient. I shall conclude my remarks by attempting to define the line of conduct which practical experience has taught me to follow in applying this rule in general.

You will doubtless agree that the application of any rule of treatment calls for a certain discreet elasticity of procedure on the part of the therapist if he would avoid achieving precisely the opposite result to that which he intends. Any rule can be reduced to an absurdity. When a patient observes our fundamental rule and says everything which comes into his head, he does, of course, make a certain selection amongst his thoughts. It is true that he suppresses nothing intentionally, but, without meaning to, he finds that he is not saying everything. Sometimes it is only long afterwards that he realizes that he has omitted to give utterance to a thought which he had intended to tell us and which never came into his mind again. This is of no importance: in fact, it enables us to take stock of the resistances determined in the patient by certain associations of ideas.

An analysand who tries too hard to say everything that he is thinking ends by becoming a slave to this obligation and is no longer in a state of mind favourable to the unfolding of his thoughts, for he is preoccupied with the desire to catch on the wing every idea which comes into his mind. When our fundamental rule is applied in this way by the analysand, it cannot achieve the desired result.

¹ Read before the Thirteenth International Psycho-Analytical Congress, Lucerne, 1934.

There are two classes of patient likely to give us trouble in the application of our rule : (1) those whose neurotic symptoms prevent them from following it, and (2) those who consciously refuse to submit to it.

In the first category I would include certain patients suffering from obsessions or anxiety or from morbid scruples. As you know, it is not at all uncommon for obsessional patients involuntarily to reduce our fundamental rule to an absurdity. They try to follow it to the letter ; it becomes an obsession with them, so that it becomes impossible for their associations of ideas to develop normally. A patient suffering from doubting mania is never quite sure whether he has said exactly what he thought or whether he really thought what he said. The idea that perhaps he has not said everything may preoccupy him for days at a time. During the analytic hour he is all zeal, which, as Talleyrand has said, is the greatest obstacle to success.

You are doubtless familiar with this attitude in our analysands. The difficulty is a classic one. The only means of avoiding it is to abandon too strict an enforcement of our fundamental rule and to give the patients leave not to say *everything*. Those suffering from morbid scruples and obsessional doubts try to do too well. We have to teach them to waste time and to imbue them with the idea that only a very free application of the rule will enable them to follow it in spirit, though not in letter.

We meet with a similar difficulty in some obsessional patients who are afraid of thinking or uttering certain words and who, once these words have been uttered, are compelled to perform some obsessional ritual, in order to cancel the effects which they are afraid will follow. In these cases again it is not necessary to insist on the strict observance of the rule. Once delivered from certain reactions the patient will succeed in formulating his thoughts easily and in uttering the words which were formerly the worst stumbling-blocks to him. To free him from his reactions there is no need whatever to torture him by making him utter words of which he is afraid. The analyst can overcome the difficulty by the familiar strategem of carrying from the rear a hostile position which is impregnable to frontal attack.

Some patients suffering from anxiety who are rendered excessively scrupulous by their illness also find it impossible to follow the fundamental rule. It may be a question of giving the name of some person in relation to whom they feel bound to be absolutely discreet ; immediately they are tormented with indecision as to whether or not they

ought to reveal the name. Their pretext is that they do not wish to do harm to anyone. They are helpless ; they cannot let themselves go. If it happens that the psycho-analyst knows the person who is playing a part in their thoughts, they thereupon become incapable of telling certain facts concerning that person, though those facts have led to associations of ideas which ought to be mentioned in the analysis. In such cases one is sometimes at a loss to know up to what point one should bring pressure to bear on the patient. The unconscious factors which may give rise to the difficulty are manifold. The analyst will become aware of them if he is able to give the patient leave to depart from the analytic rule. This is, in fact, nearly always possible. One may even go so far as to say to him that, in such a case as his, strict observance of the rule is contra-indicated. In most cases a full analysis succeeds in overcoming the difficulty, which was really in the nature of a neurotic symptom. This applies equally when patients refuse to give their own names. In such cases I never insist.

But there are other cases—and here we come to the second category—in which the patient, consciously and voluntarily, on principle, so to speak, refuses to disclose certain thoughts and to obey the rule. You are then no longer confronted with the victim of a conflict, a prey to an inhibition or to an access of anxiety. No, the patient simply says, ‘ I am not going to tell you such and such a thing ’, whether because he thinks that it does not concern you or for other reasons. Or else, without saying anything about it to you, he may refuse to submit to the rule. I confess that sometimes I have been in a great difficulty in these cases, and it was my experience of such situations which suggested the theme of this paper. Persuasion, argument, authority, the imposing of conditions, the dismissal of the patient—I have resorted to all these expedients, but without any satisfactory result. On the contrary, discussion led nowhere and compulsion is not exactly an ideal therapeutic method. . . . What is one to do ? At last, after many unsuccessful attempts and painful discussions, in the course of which I more than once had recourse to Freud, I arrived at a line of conduct which, even in such cases, ensures in practice some degree of success. No doubt this line of conduct is not perfect, and it requires a thorough knowledge of the patient’s reactions, but it does enable one to avoid entering into a discussion, delivering an ultimatum, etc, etc. Above all it enables the analyst not to depart from his rôle.

You will, I am sure, have realized that these difficulties occur chiefly in the cases known as ‘ character-neuroses ’. As a rule, these

neuroses have this peculiarity : the patient's resistances are determined not by the refusal of the super-ego to accept the content of his symptoms, but rather by reactions which have their source in his character, that is to say, in his *ego*, which refuses, usually for reasons of an ideal nature, to recognize certain facts of unconscious reality.

It is this resistance springing from the patient's character (*Charakterwiderstand*) which hinders the observance of the fundamental rule. To overcome the difficulty we have to modify the character itself. And character is not as a rule changed by a command or an ultimatum, especially when the individual in question has strong narcissistic and anal tendencies.

Nevertheless, in many cases, it is possible to obtain good results. The patient's deliberate refusal to obey our rule may quite likely be merely a symptom which we shall try to overcome by analysing it. To succeed in this it is not necessary to make a frontal attack on him : first of all we must understand the symptom. And such an understanding may well clear the way to a successful therapeutic issue.

In the first place our understanding shows us how manifold may be the motives which translate themselves in the analysand into a deliberate refusal to follow the fundamental rule. For instance, I have known a case in which the refusal was the result of a compromise between the desire to put an end to the treatment and the sense of guilt to which this desire gave rise. The analysand could not make up his mind to take the responsibility of gratifying his wish.

Some paranoiacs, as well as some homosexuals, often display a tendency to this kind of reaction when the analysis is making progress. The sense of guilt and the need for punishment, called forth by that progress, may manifest themselves in an attitude the purpose of which is to provoke the analyst to violence or even to persecution. At heart, certain of these patients ask nothing better than to have rules imposed upon them, and their chief difficulties and sufferings begin when they are relieved of such behests. Here we must consider a special class of neuroses, namely, the masochistic neuroses. Generally speaking, in such cases, the more strictly the rule is enforced, the better the patients are pleased. For they utilize it above all as a means of suffering and doing penance. Alas ! only too often this suffering represents the price of their refusal to make progress in their analysis. Frequently they take a shame-faced pleasure in saying everything which humiliates them. The thoughts which come into their heads lend themselves

marvellously well to this need of theirs. Sometimes a patient hesitates, blushes with shame and only waits for the analyst to exert a ruthless pressure upon him to make him confess his crimes in spite of himself. His unconscious, if we gave it free play, would soon transform the analyst's consulting-room into a regular torture-chamber. It is therefore highly desirable for the analyst to be sufficiently on his guard not to play the game of the analysand. In such cases patients may deliberately refuse to disclose all their thoughts, simply in the hope of exasperating the analyst to such a pitch that he forcibly imposes upon them the observance of the fundamental rule.

There is no need to point out to what this manoeuvre may lead. As you know, a patient may feel himself constrained to do something wrong simply in order to rationalize his sense of guilt and to satisfy the need for punishment to which it gives rise. In a case of this sort the fact of not saying everything may represent the very opposite, namely, a full confession, and the refusal to speak may be more eloquent than the longest disquisitions. So I think that in general it is a mistake to refuse to continue the treatment simply because we cannot persuade the analysand to observe the fundamental rule, when the very fact of not obeying it to the letter would enable him to perform a piece of psychological work fully in accordance with our psycho-analytical aims.

We are all in agreement on one point : we must beware of letting the observance of the fundamental rule become a subject of dispute between ourselves and our patients. The bandying of arguments with them is to be avoided. Such a contest often serves to gratify libidinal desires which it should be the analyst's duty rather to bring into consciousness by analysis ; sometimes it has the result of producing an insurmountable resistance, if the patient seizes on it as a pretext for not broaching a particular subject or for not really facing the situation. By leaving him free not to follow the fundamental rule if he is unwilling to do so we deprive him at a blow of the means both of provoking disputes and of rationalizing his guilt. Sometimes, by actually forbidding a patient to follow the rule strictly during his analysis we succeed in wresting from him a precious instrument of torture and means towards other humiliations and in forcing him to accept his associations of ideas, which otherwise he would regularly suppress whenever they presented themselves.

Hence it may be that we find ourselves obliged to admit exceptions to the fundamental rule or to advise our patients not to follow it to the

very letter, when we know that its rigid observance may have undesirable results.

I need not say that our line of conduct with regard to the application of the fundamental rule is always dictated by the material provided by the patient. We take the direction indicated by the resistance of the analysand. In order to make our procedures acceptable to him we have to use a great deal of tact. This tact springs not only from such understanding as we may have of the problems of the analysand, but also from our heart—from our personal attitude in the face of human misery. Such an attitude cannot be determined solely by intellectual principles—and indeed some of us are inclined to overestimate the value of these—it depends rather on the analyst's human sympathy with those who suffer.

Giving due consideration to all these factors, we shall arrive, I think, at a sufficiently elastic formula for the application of our fundamental rule. It is, after all, a *therapeutic* rule and the analyst's *amour propre* must never be allowed to influence him in his enforcement of it. It must be interpreted very liberally, not scrupulously like an orthodox rule, but with common sense. That is to say, we must resolutely discard it when it is hindering us from attaining our end. In my opinion it is perfectly possible to carry out an analysis and yet give leave to the analysand not to say everything. This was the method I once had to adopt in treating a woman who had had an affair with a well-known man. The fact of not disclosing his name did not in the least impede the progress of the analysis. This may serve to reassure us that there is no need to know everything in order to arrive at our goal, and that it is not necessary to the success of an analysis to wrangle with the patient so as to force him submissively to observe the fundamental rule.

In the last resort submissiveness on the part of the patient can but remove us further from the end which we have in view, and the same is true of any attitude on the analyst's part which might suggest that such submissiveness is necessary.

To sum up: the analytic rule must not be held to be inviolable either by the patient or the analyst. The latter must prove that he is free from all preconceived ideas. He would only lower himself in the patient's eyes if he subordinated everything to the application of the rule, which, after all, exists to help us.

Nevertheless, it cannot be denied that systematic refusal on the patient's part to obey the fundamental rule where essential facts are

concerned may bring the analysis to a complete standstill. We may fail to surmount the difficulty by any means whatsoever and may find ourselves forced to give up the treatment. In my experience, however, such cases are rare if not exceptional and, when they do occur, the patient is most likely to be suffering from a psychosis.

ON MOTORING AND WALKING

BY

MELITTA SCHMIDEBERG

LONDON

The number of fatal road accidents is so high in these days as to have called forth comparisons with the casualties of the War. The comparison between war and dangerous driving is an apt one ; in both cases the main factors are sadism, masochism and fear. We may correct a statement made by *The Times* that safe driving is largely a moral question by saying that it is in fact a psychological question. What analyst does not know of patients who drive immersed in their daydreams and wake up only when confronted with an emergency ; or of the inhibited persons whose only outlet for aggression is in driving ? However useful this outlet may be for the mental balance of the individual, it cannot be said to make for safety on the road.

I need not describe in detail the ways in which Œdipus impulses find expression in driving ; in the urge to overtake and resentment at being overtaken, in the wish to keep the road to oneself, in defying the police and exceeding speed limits. Some drivers concentrate their hostility (or fear) on more powerful rivals, on better and faster cars than their own, on lorries, or buses ; others on younger brothers, smaller cars, cyclists or pedestrians. Positive feelings find expression in helping and rescuing others, in willingness to follow the lead of another car, in conspiring with other drivers against the police, and so on. The cyclist's resentment against motorists is due to similar unconscious motives. A boy reports that he was afraid of being run over when cycling by a small grey car ; he associates the colour of the car to the shade of his father's suit. When cyclists held protest meetings against cyclist paths they must have felt like children excluded from the company of adults and restricted to the nursery ; and the Government's argument that the measure was only intended for their own good carried little conviction because it reminded them of childhood when bitter medicine and all other unpleasant things were recommended in just this way.

The libidinal aspects of driving are no less obvious. A woman patient felt sexually excited whenever she thought that she was being chased by the police. Another repeated the libidinal fears of pre-adolescent years when she first started to go out driving by herself. She felt anxious when in unknown districts, especially after dark ; and

the company of another woman, even if she knew nothing about driving, made her feel safer.

The manifold symbols and phantasies connected with driving are expressed alike in the play of children, the dreams of adults and in actual motoring. Fast driving symbolizes genital, anal or urethral potency, but also oral greed. (Compare the German *Kilometerfresser*, 'Eater of miles'.) Comparing different cars is a substitute for comparing genitals. Oral greed also finds expression in the wish to keep the whole road to oneself.

Women find an outlet for their masculine tendencies in driving—probably this accounts for the resentment of male drivers. Guilt about driving on the wrong side or parking in the wrong place corresponds to guilt over urethral or genital activities in the wrong place, over masturbation and impulses to wet or to commit adultery. The fear of losing control over the car stimulates earlier anxieties about losing control over the excretory system. The noisy smelly car is also conceived of as excrement. The worry of a pregnant woman how to get the car out without either damaging the car or the doors of the garage needs no further interpretation.

Quite frequently one's own car is identified with a wife, and taxis with prostitutes. According to Edward Glover difficulties in letting in the gear-lever in dreams express fear of impotence.

In one patient anxiety that his bicycle might get caught between the tramlines expressed his fear of intercourse (the penis trapped in the woman's vagina). Almost every part of the car is equated to some part of the body; angry hooting to shouting, switching on the lights in warning to an angry look, and so on.

The narcissistic pleasure which some people are unable to take openly in their body they may derive from their car. This narcissistic gratification is well illustrated by the joke about a girl who put face cream on the radiator to prevent sunburn, and painted the number-plate with eyeblack. The negative aspect of this narcissistic identification is expressed in hypochondriacal worries. After a drive on a hot summer day a driver felt unduly worried about the radiator being too hot and could not be reassured. After some time he noticed that he had a mild sunstroke, the realization of which he tried to avoid by shifting the initial symptoms on to the car. A motorist told me that if his car makes an unpleasant noise he gets a sore feeling in the throat. Masturbation anxieties may be expressed in fear of having damaged the engine by faulty handling, starvation fears in worries that there is

not enough petrol, etc. A young boy had the obsession of having to touch the tubes of his bicycle every day before going to school to see that they were all right. In this he was attempting to reassure himself against his masturbatory anxieties.

Anxiety-dreams of being chased by motor cars or steam-rollers usually express sadistic intercourse, but may have a paranoid character. Then they are often related to dreams of being chased by wild animals. The fear of being hurt or eaten by wild animals usually arises from the projection of biting impulses; the fear of being run over or crushed is the punishment for impulses to squash animals, tread on a baby brother, etc.

Most people regard their car as a living being. They look after it as they would look after a child, wish it to be warmly covered and comfortably garaged and prefer to 'feed' it from a nice-looking filling station. A patient felt that if she went out in the car by herself she was not alone; the car was like a companion protecting her.

Every analyst is familiar with the way in which masochism, self-punishment and suicidal tendencies find expression in accidents or else in neglecting or wrecking the car. A patient regarded it as a success of the analysis that his car needed fewer repairs. When I asked him somewhat sceptically if this was not rather due to the fact that the car had been recently overhauled he denied it and said that he used formerly to regard the car as his cross, as a punishment of fate which he had to put up with as though it were a woman always in need of money. Since he has less need to punish himself he is careful to have any necessary repairs done in good time.

Wrecking or damaging the car may express hostility towards a person with whom the car is identified (child, wife, mother, etc.) and also, on a basis of narcissistic identification, towards oneself. A little girl threatened to run over her nanny with her toy motor-car, saying: 'Birch and green holly, if you get run over, nanny, it will be your own folly'. The motive of her revenge is evident if we remember that the rhyme originally says: 'If you get beaten boys, it will be your own folly'. It needs no analytic knowledge to observe how people give vent to their anger in fast driving or by frightening pedestrians. Apart from the immediate stimulus they often take revenge for the occasions on which, as pedestrians, they were themselves frightened by cars. A patient had spells of fast careless driving with impulses to run people over and knock down everything in her way. She explained this partly as being her reaction to dreams she used to

have in which she was chased by motor-cars. Partly it was due to anger at not having as much control over the engine as she wished, partly to resentment at having to drive instead of being driven and not being allowed to phantasy. Being driven was a substitute for being pushed in the pram ; having to drive, for having to walk.

A male patient told me that whenever he gets frightened he has to drive at seventy miles an hour, because the idea of being a coward is so unbearable. He is an over-ambitious person with manic tendencies. If he fears he may be impotent he starts sexual affairs with several women at once ; when he is afraid he may not be given work he undertakes more work than he can possibly cope with.

We may assume that the speed maniacs who go on beating their own records try to achieve the impossible and aspire to be godlike. They are never satisfied with what they have achieved because the mere fact that they have achieved it proves it to have been a human achievement. Although they appear extraverted in so far as they focus their wishes and anxieties on the external world in a very concrete way, the truth is that they seek unreality in reality. They wish to be faster than any living being in order to be able to outdistance their paranoid anxieties. I believe that the type of speed maniac who goes on till he gets killed corresponds to the drug addict or masochist whose suicidal tendencies and underlying aggression force him to take refuge in his addiction or perversion to an ever-increasing extent.

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The account which I have given of the part played by libidinal, aggressive and anxiety trends in driving will contain little or nothing that is not already familiar, and I have no doubt that any analyst could adduce numerous examples from his own experience illustrating the phantasies and symbolism I have described. But the point which seems to me of real interest is the strange fact that driving tends to bring out bad manners and uncivil behaviour. A man who, when walking, would as a matter of course make way for an old lady would not dream of showing similar courtesy towards an old Ford. Again, if two people bump against each other in the street they are only too anxious to apologize and to take the blame on themselves. Their very different behaviour in the case of a driving accident cannot simply be ascribed to the warning of their insurance companies never to admit that they are in the wrong. Many motorists react in a hostile and suspicious manner to everybody and everything in their way ; they are never tired of finding fault with other drivers, pedestrians, police-

men, garages, and so on. Their bad behaviour or dangerous driving is partly due to these paranoid mechanisms, partly to the manic state created by mastery of a machine.

I believe that in learning to drive the adult repeats his early experiences in learning to walk. The baby experiences paranoid fears and hostility towards the persons and objects (walls, furniture, etc.) which restrict his walking,¹ similar to those which may later trouble the adult motorist. The ecstasy which the adult derives from his mastery of a machine the baby obtains from mastery over his own body. To be sure, learning to grasp things and put things in one's mouth, to hold one's head in position, to sit upright and every other advance in acquiring control of one's own body is gratifying, but it would seem that learning to stand up and to walk are of outstanding importance. This is confirmed by the existence of a rich variety of expressions such as 'the walks of life', 'a man's downfall', 'to stand up for oneself', 'stand on one's own legs', 'the first step', 'first stumbling attempts', etc.²

The baby experiences both satisfaction and anxiety in his first tottering efforts to walk. In a normal child the pleasure, in a neurotic child the anxiety predominates, and we are entitled to draw important conclusions in regard to the infant's future development from his reactions to learning to walk, e.g. from his getting easily over a fall or being greatly upset by it. Apparent indifference to hurts sustained in this way may be as much a neurotic reaction as making too much fuss over them. As a rule the anxiety seems to disappear once the child is able to walk properly, but it often attaches itself to walking under conditions in which the child still feels unsafe, such as walking backwards or blindfold or in the dark, climbing stairs, walking along the street or crossing the road, etc., and finally it emerges afresh in connection with adult derivatives of walking, e.g. driving. The anxieties the child experiences while learning to walk are to a great extent real anxieties; fears of falling and hurting himself, losing his balance, or

¹ A little girl in her second year burst into a temper every time she knocked against the wall when pushing her doll's pram. This hostility (mingled with fear) towards the wall, identified with a restricting parent, is a factor in claustrophobia.

² Mr. H. Mayor, to whom I am also indebted for one or two other suggestions, has drawn my attention to the fact that situations of falling, slipping, tripping up, etc., are a stock feature of comic entertainment.

losing control over his body again. But these real fears are complicated by irrational (neurotic) anxieties due to the child's animistic conception of the world. For instance, fear of losing its balance can, as we know, be observed already in the newborn babe. The infant deals with it by developing rhythmic movements (libidinization), by acquiring control through muscular activity, by doing to others what he fears they will do to him (identification with the feared object)—that is by knocking them down or throwing things out of his pram—or by displacing it to secondary (neurotic) fears. Fear of losing one's mental balance is in my view a continuation of the fear of losing one's physical balance; fear of losing control of emotions and thoughts,³ of the fear of losing control of one's body; fear of heights, of the fear of falling. In this light many neurotic anxieties are seen to be partly continuations and distortions of reality anxieties.

One patient, a very active and ambitious individual with a great urge to be successful and independent, has nevertheless many anxieties about this. He is afraid of losing his position or of meeting with an accident when travelling by rail or by air. It surprises him that nothing happens when he goes driving; the road is so narrow that it seems almost a miracle that the car can keep on it. On the higher storeys of a skyscraper building he becomes fearful if there is any vibration that the house may collapse under him. His childhood fears of walking on narrow ledges, or climbing such inaccessible heights as the table are now expressed in fears of a collision or that the skyscraper (table) may collapse and in a more refined form still in the idea that by achieving a high position in life he would expose himself to a correspondingly great fall. The genital anxieties of course appear

³ Training in cleanliness often coincides with learning to walk; and it is likely that these two sets of experiences react upon one another. But even in those babies who are expected to be clean before they start to walk the wish to acquire control of the limbs and fear of loss of this control are in my view primary and precede similar attitudes in relation to the excretory system.

In my paper on 'Bad Habits' (this JOURNAL, 1935, pp. 458-459) I put forward the view that the fear of independent hostile parts of one's own body is deeper than that of internalized hostile objects. Fears of hostile parts of the body at war with one another, of disintegrating, falling to pieces, are overcome mainly by gaining control over the limbs; fear of introjected objects and of hostile contents of the body, by learning to control the excretory functions.

clearly in the symbolism of the narrow road and the collapse of the skyscraper and scarcely require mention.

While in my view neurotic anxieties are partly distorted forms of real anxieties, their other source lies, as we know, in the tension of unsatisfied instinctual drives, in repressed libido and projected aggression. The child's irrational fear of falling is due to his aggressive and sexual phantasies, to his fear of retaliation for knocking or throwing down things (representing persons), to personification of the floor, cot, etc. These animistic phantasies and irrational anxieties increase his reality fear of falling.⁴ In analysing a child of twelve months who was just beginning to walk I found that walking and falling already possessed all these implications for her.

The child's previous development already exercises a determining influence on his attitude to walking ; a child who fears and mistrusts his parents may find it more difficult to walk alone and unaided ; or he may transfer this fear of his parents to the floor and feel himself let down by the floor, attacked by the furniture, etc. ; he will very likely react more violently to falls and hurts than children of a happier and more trusting disposition. But actual experiences connected with walking—such as a bad fall or an unhelpful or unduly anxious attitude in the parents—and the coincidence in time of learning to walk with other events will also be important and influence the child's attitude towards activities which are emotionally related to walking. It would be interesting to investigate individual variations and idiosyncrasies in infants learning to walk and the reasons for these. Some children for example never crawl, but start walking from the beginning, while others spend a long time at the crawling stage. It must be a strong emotional drive that induces the child to accomplish the effort required to enable him to walk ; the wish to be like the grown-ups, whether from love or from hate. The average mother's most usual way of teaching her baby to walk by holding out her arms and expecting him to take a few steps towards her shows her intuitive understanding and her appreciation of the sexual symbolism involved.

The same reactions can be observed in the case of a baby as in the case of an adult learning to drive ; sound judgment, excessive caution or blindness to danger—sometimes all three by turns. The last of

⁴ Some of these reactions are stimulated by seasickness. A patient who was a very bad sailor felt that if one could not rely even on the ground being stable, then nothing in the world could be safely trusted.

these—blindness to danger—is in my view not simply due to lack of judgment (normally infants are endowed with remarkably good judgment, although of course we cannot expect them to have the foresight and experience of the adult), but represents a manic denial of danger.

Eduardo Weiss has pointed out ⁵ that while in paranoia the persecuting introject is externalized, in mania it is the persecuted introject which is so displaced into the external world. It seems to me that in walking the introjected object is projected, e.g. on to the ground on which the child treads or the furniture against which he bumps himself. On previous occasions I have suggested that normal sublimation and activity are based on manic mechanisms in a milder form ; and I have also emphasized the importance of manic reactions for asocial behaviour.⁶ It now seems to me that these manic feelings and mechanisms stand in a special relation to walking. Walking is the prototype for most ego-activities, both normal and criminal.

Walking is the first sport and the satisfaction derived from being able to walk, as well as the anxieties connected with it, are carried over to all other forms of sport as well as a great variety of mental activities. The mastery of speech corresponds to mastery over one's limbs, the voice going up and down repeats experiences of walking. Getting up in the morning, flying, travelling, becoming independent, getting on in life, finding one's way, learning geography, dancing, and many other activities repeat that great ' first step ' towards freedom, learning to walk. The triumph a healthy baby feels on discovering that he is able to stand up or walk can easily be observed ; often he displays his remarkable prowess by walking up and down the stairs a number of times. A father told me that his little boy is as proud of being able to walk as an older boy at having a bicycle, and wants to make as much use of his gift as possible. This pleasure and satisfaction find expression in the great variety of physical games favoured by all children who are not unduly inhibited. We can often observe that children react with great envy and hostility to grown-ups on account of their being able to walk, sometimes quite openly, sometimes less directly, e.g. in breaking the legs of little dolls and trying to see if they can still stand. (The envy the pedestrian feels for those who own a

⁵ Weiss: 'Der Vergiftungswahn im Lichte der Introjektions und Projektions-vorgänge'. *Int. Ztschr. f. Psa.*, 1926.

⁶ Schmeideberg: 'A Contribution to the Psychology of Persecutory Ideas and Delusions'. This JOURNAL, 1931. 'Zur Analyse asozialer Kinder und Jugendlicher'. *Int. Ztschr. f. Psa.*, 1932.

car is a product of this.) The age-old wish of humanity to be able to fly has its roots in the baby's intense longing to be able to walk.

It is interesting to what an extent adult reactions to driving repeat infantile reactions to walking. Driving in the country is like walking in the safety of the nursery, driving in traffic like walking along a busy street. Fear of driving in the dark corresponds to the early fear of walking in the dark; fear of not being able to keep up with the car of which one is following the lead to the alarm one felt as a child at not being able to walk as quickly as the grown-up who held one's hand; fear of damaging the mudguard by driving too fast to the child's fear of hurting his knee by running. A woman has the car repaired secretly before her husband finds out, a child asks the maid to mend her frock secretly before mother finds out. Guilt over driving on the wrong side of the road or down a one-way street has its source in the child's guilt for having gone into places forbidden him by his parents, e.g. the drawing-room, and his fear of damaging things there.

It seems that the adult attaches comparatively few emotions and phantasies to walking (it is therefore easy for him to be courteous) because he has dispersed and displaced them on to other activities. The time when it is associated with most emotion is in childhood, just before the child begins walking, while he is learning and while he is still enjoying the triumph of having accomplished this feat. In the same way people who have driven for many years, day after day, usually connect it with very much less emotion than those who are novices at the game. This fact affords an interesting example of how control and habit influence irrational phantasies and anxieties.

The views I have sustained here would make it necessary to attribute a different meaning to inhibitions and obsessions connected with walking and to agoraphobia. These disturbances used to be explained almost exclusively by reference to the sexual (mainly genital and anal)⁷ symbolic significance of walking, the street, feet, cracks, etc.,⁸ and more recently in terms of aggression and projection anxieties. Any other explanation would have been regarded as being incompatible with the theory of the sexual ætiology of the neuroses. So far as I am aware

⁷ The oral symbolism has been rather neglected. In my experience oral anxieties and symbols play an important rôle in claustrophobia, agoraphobia and disturbances of walking.

⁸ Compare, among others, Freud: *Inhibition, Symptoms and Anxiety*, Hogarth Press; Federn: 'An Everyday Compulsion', this JOURNAL, 1929; Deutsch: *Psychoanalysis of Neuroses*, Hogarth Press.

the only analyst who has connected agoraphobia with the actual experiences of the small child learning to walk is Walter Schmideberg, who, in a paper given to this Society, described how a girl suffering from severe agoraphobia for years sat at the window cursing the passers-by because they were able to walk.

It is true that the concepts of 'ego-activity' and 'reality anxiety' have been from the earliest times recognized in the analytical literature, and it was known that reality anxieties might be a cover for neurotic anxieties or stimulate deep irrational fears. But successful ego-activity was thought of mainly in terms of sublimation of sexual and aggressive impulses and reassurance against irrational anxieties, although its value for self-preservation was never denied if sometimes apt to be neglected. Reality anxiety was regarded simply as conscious fear, as an isolated factor without dynamic significance, or else as operating in a secondary way to counteract the 'flight to reality', aggravate irrational fears and hamper sublimations. In my view every ego-activity (e.g. walking) has an unconscious representation, and this can be influenced by reality experiences and displaced and transferred to other activities such as driving, but also to sexual activities, and fused with unconscious sexual and aggressive phantasies.

A patient remembers how as a baby in the pram she had admired her mother as she came running down the stairs and wondered if she would ever be able to learn to do this herself. When, as an adult, she had her own house, she was specially impressed by the fact that there were several flights of stairs and took great pleasure in going up and coming down them. As a child she used to have dreams of flying which were accompanied by sexual excitement; flying was an even more remarkable feat than her mother's running downstairs. Later she became a prostitute and in 'going on the streets' she repeated largely her early experiences of walking and running freely about. I should like to make it clear that I am in no way under-estimating the importance of the infantile sexual drives towards prostitution, but my purpose here is to call attention to one particular point, namely, the connection between prostitution and walking.

A patient who suffered from impotence and had difficulties in becoming independent repeated in these troubles to quite a considerable extent his early difficulties in learning to walk. He used to be puzzled how it was possible to have an erection while lying downwards; that would be like standing on one's head. Trying to have intercourse without the woman's help was frightening, it was like 'walking on

air'. He explained to me that an erection may be due either to love or to hate, just as either of these emotions might furnish the incentive for learning to walk. He feared that women would regard his erection as an act of hostility and probably felt the same about his mother's attitude towards his learning to walk. The woman's help in intercourse was like his mother holding his hand when he was still learning to walk; reassurance and permission (but also restraint). He had various frightening ideas that if he were not impotent his penis would go mad, run away, etc. One of his earliest memories was of his baby sister learning to walk, a feat that impressed him greatly.

The theoretical implications of the material I have adduced may be summarized as follows: I believe that reality fears may be as unconscious as neurotic anxieties and may persist in the unconscious with dynamic effects. It would appear that neurotic (irrational) anxieties are in part distorted and derivative forms of reality fears, and that ego-activities have unconscious representation which can undergo vicissitudes similar to those to which the unconscious representations of the sexual or aggressive instincts are subject, can change its object, become fused with sexual or aggressive phantasies, i.e. derivatives of these instincts, etc. Should these assumptions prove right they would open up a new avenue to the study of the instinct of self-preservation, the unconscious part of the ego and the problem of the relation to reality. It would follow that the instinct of self-preservation has not only simple direct effects such as inducing a man to fight for his life, to breathe or to fear starvation, but that it is liable to undergo vicissitudes similar to those affecting the sexual and aggressive instincts and has dynamic importance for neurogenesis. This could be most easily observed in cases of the type of the 'traumatic neuroses'.

These views may prove important in yet another direction. In trying to assess theoretically the significance of 'environmental factors' we have been accustomed to confine ourselves to the effect of environmental factors on the sexual and aggressive instincts, and their importance in intensifying or mitigating irrational anxieties (anxieties arising from the sexual and aggressive impulses). Some time ago⁹ I put forward the view that events affecting derivatives of instincts, substitute gratifications and 'superficial anxieties' may be as fateful as those affecting primary instincts and 'deep anxieties'. But I had

⁹ In the *Symposium on Education and Analysis*. British Psa. Society. Spring, 1935.

in mind only the sexual and aggressive instincts and the irrational anxieties springing from these. I now wish to go further and include the instinct of self-preservation and real anxieties. I believe that we shall only find the right approach to the study of environmental factors when we are better able to understand the effects produced by real happenings on the dynamics of the instinct of self-preservation and its derivatives and on the unconscious representations of ego-activities (i.e. the unconscious part of the ego). Before we have extended our knowledge of the inter-relations of 'reality fears' and irrational anxieties (i.e. libidinal and projection anxieties) it seems to me that any attempt to assess the importance of environmental factors or to clarify the relation between phantasy and reality must be regarded as premature.

ABSTRACTS

GENERAL

S. M. Payne. 'Post-War Social Activities and the Advance of Psychotherapy.' *British Journal of Medical Psychology*, 1936, Vol. XVI, pp. 1-15.

The causes of the European war in so far as they were psychological have not yet been worked out or formulated.

The war must be regarded as a proof of man's failure to establish a stable and secure civilization. Post-war social organization has been distinguished by the disruption of many forms of social activity, and the growth of at least two interests. The first is a rapid increase in mechanization and its application to many branches of culture; the second is a growing interest in psychology, and the birth of many different methods of approach to the study of the mind; scientific, utilitarian, mystical, and esoteric.

Mechanization as an aim in itself can be shown to be a sign of the inability of mankind to deal with anxiety associated with the wish to control primitive instinct impulses.

The widespread interest in the mind is dictated mainly by two drives; the first is a desire to deny the importance of the body, and in this way settle the problems of the sexual and aggressive instincts, and the fear of death; the second is a recognition that the control and regulation of primitive impulses can only be adequately obtained, if at all, through a deep knowledge of the psychical aspect of their activities.

Different forms of psychotherapy reveal tendencies derived from both determinants.

Psychotherapy can be regarded as an off-spring of primitive magic in so far as the latter was the first acknowledged attempt at mental therapy, and depended for success on the power to assuage anxiety. Modern methods can be divided into those which are successful by re-animating and exploiting infantile situations in which reassurance is obtained by a relief in omnipotence, and those which aim at increasing the sense of reality. A definition of the sense of reality must include the recognition of psychical reality, and give due weight to the relationship between the two. The early stages of ego development and the sense of reality are as much concerned with the realization (acceptance or denial) of infantile psychical experience associated with the first development of anxiety as with the ability to deal with the first perceptions of the external world.

Freud and Ferenczi's recognition of the magical and omnipotent phases of the infantile ego has been developed and enriched by the work of Melanie Klein. Contributory work by other analysts (Jones, Glover, Sharpe, Searl, Schmideberg) has added to the knowledge of infantile ego

development and its connection with the sense of reality. Certain anthropologists (Roheim, Lincoln) have shewn the relation between types of civilization and the unconscious of the individual. It is probable that further work in depth psychology will throw fresh light not only on the etiology of the psychoses but also on the origin of the approved methods of adaptation, which are liable to provoke mass disturbances in modern civilization, owing to the nature of their unconscious connections.

Author's Abstract.



Edward Glover. 'War and Pacifism : Some Individual (Unconscious) Factors.' *Character and Personality*, 1936, Vol. IV, pp. 305-318.

One of the main drawbacks to understanding the nature of man, and hence to understanding the more ill-adapted of his actions is the fact not simply that we examine ourselves, or that we examine ourselves from the surface inwards, but that we begin the examination with a very considerable bias in favour of our own reasonableness and goodness of intention. A psychological problem can be measured only when we have examined it from within outwards, in this case examined the sources of mental energy, the primary methods of controlling this energy—in short, the basic functions of mind. So far from being on the whole a reasoning and reasonable animal, man reasons or is reasonable only under the most favourable circumstances. Our margin of sanity is in some respects thinned out to a very fine dividing line. In falling asleep we can sometimes observe ourselves step across the line into a territory where primitive impulses and primitive modes of thinking reign supreme. Adult man is irrational through the greater part of his waking life. Man is an inveterate self-deceiver and one of his commonest self-deceptions is to confound intention and conduct. In some respects and in some directions man has succeeded in inhibiting the more ferocious of his impulses. But this is very qualified praise, since it omits all reference to periodic outbreaks of war. And taking our war activities into account, we have no reasonable ground for saying that man is any less ferocious than he was in the Stone Age.

One of the greatest dangers of pacifism is the emphasis placed explicitly or implicitly on good intentions. However genuine they may be in themselves, when correlated to the activities of the whole group, they correspond in effect to the smile on the face of the tiger.

This is a mad world but there is method in the madness. The essence of that ancient mental mechanism projection is the capacity to attribute to external objects impulses which exist in ourselves. It is really a form of denial—an attempt to master disturbing hate impulses by saying that they exist outside ourselves. Now projection followed by flight is harmless enough, but projection followed by attack has left a trail of persecution,

torture and bloodshed throughout the history of mankind and still exacts a heavy toll in the forms of political persecution, the punishment of crime and war.

Projection, then, is part of the mental heritage of man and a step towards civilization. But man developed along with his talent for projection a remarkable capacity to digest his thwarted instinct tensions. He achieved the apparently impossible by developing a system of turning his aggressive instincts against themselves, at the cost of splitting his unconscious personality. Our minds at the core are constantly preoccupied with problems of instinct tension, the psyche moving with a pendulum swing between the madness of projection and the fantastic tricks of introversion. Nor is the story of man's unconscious development exhausted by describing one of the deepest layers of his mind. For example, the development of a mechanism called displacement is of the utmost consequence for war and peace attitudes. For on this one mechanism depends our capacity to transfer unconscious love and hate from old family objects to situations in the real world.

There can be *no* explanation of war or peace which is not psychological. The most crassly materialistic theory of war is nothing more than a psychological theory in disguise. War is a spontaneous form of mental defence and defends mainly against the individual destructive instincts of man. It has had survival value, and despite all common-sense arguments to the contrary, must still retain psychological value. When a pacifist is aggressively anti-aggressive, fanatically so, we may suspect that he is in difficulty with his own instincts. It is this type which is the greatest potential danger to society. For on the strength of his good faith he will expect to be excused scrutiny. And all the time he may be secretly driving himself and everyone else towards a war conflagration.

Warlike myths are nowadays innocent diversions compared with the myths that are built around pacifist efforts. Thus, scientific assessment of the activities of the League of Nations has been cramped by the development of a social ethic comparable to the feeling that it is bad taste to question the function of conscience in the individual. Even if the League of Nations is the repository of an international conscience, a matter which is open to serious question from a dozen sides, it is still possible for it to behave in an obsessive way and with a blind eye to realities. In the meantime it provides a constant temptation to the weakest of all human types, the man who, guilty in his secret heart, upholds with passion the need for world rectitude. Whoever has the interests of peace at heart should see to it that the pacifist movement is purged of all special pleaders who to gain inner peace of mind would not hesitate to jeopardize the future generation.

. Author's Abstract.

Heinz Lichtenstein. 'Zur Phänomenologie des Wiederholungszwanges und des Todestriebes.' *Imago*, 1935, Bd. XXI, S. 466-480.

Repetition should be distinguished from regression. Regression is the psychical counterpart of the second thermodynamic law (Entropiestreben), law of entropy. Repetition is the exact opposite, to the tendency, in the above law. Its psychical counterpart is instinct. These two opposing forces, i.e. repetition and regression, are a dualism which is a primary biological phenomenon. The postulation of a death instinct is in no way necessary to explain aggressivity. It may rather be explained in the same way as sexual orgasm, as a method of increasing the individual's entity (zur Steigerung des eigenen Daseins). This desire for the increase of entity may become so potent that it excludes all other interests, even that of self-preservation. Sublimation is one aspect of this desire.

I. F. Grant Duff.

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Ludwig Eidelberg. 'The Temptation of the Forbidden.' *Imago*, 1935, Bd. XXI, S. 352-357.

Gratification of the aggressive impulse is not possible unless the object defends itself. The reason for this condition can be found in the origin of aggression as response to prohibition or frustration. Many people try to satisfy the sexual and aggression impulse in one action, but this combination has, however, been given up by many as it involves undue risks and the efficiency of the individual is reduced while concentrating on two aims. It is suggested that the explanation of the combination of sex and oppression lies in the nature of the first prohibitions which always interfere with the sexual impulse and curtail the narcissistic omnipotence.

H. A. Thorner.

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Mark G. Kanzer. 'Personality of the Scientist.' *Psychoanalytic Review*, 1936, Vol. XXIII, pp. 373-382.

Science has aimed at objectivity and the exclusion of the personality of the scientist, yet the person subjecting himself to this self-effacing attitude is important. Emotion cannot be eliminated, because seeking knowledge requires curiosity and knowledge is a means of protection and power. There is evidence that scientific activity is significant from the standpoint of personalities.

In the early days of science, emotional governing factors are easier to discern, partly because there was as yet no specially constructed impersonal language about science. Examples are presented to shew that scientific ideas were related to myths of the times and to the personality of the scientist. Formal rules developed with the renaissance. Then, the rule was, one must not dispute the great men of antiquity; but later with the disintegration of feudalism and new discoveries science

had a more rebellious adolescent attitude. At this time, however, it was not free but must submit to the Church which kept the authority of belief and allowed science only the right to observe and report. The result was that, as science became stronger, it repudiated belief as undesirable and stressed the importance of its own domain. Yet every scientist has his convictions. Through repression, these convictions are hidden and a fiction of a "pure" scientist interested only in facts is established. Life stories of scientists as well as records of their fanatical zeal and feuds shew that the impersonal attitude is not maintained.

Clara Thompson.

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Bernice S. Engle, A.M. 'Attis.—A Study of Castration.' *Psycho-analytic Review*, 1936, Vol. XXIII, pp. 363-372.

The paper is a psycho-analytic interpretation of the cult of Cybele and Attis originating in Phrygia and popular in Rome during the latter days of the republic and early days of the empire. The gist of the various versions of the cult is that Cybele was a hermaphrodite who through an operation became female. She became the mother of Attis with whom she was also in love and who loved her. He, through remorse and also in attempting to relive his mother's cycle, emasculated himself. Cybele, out of remorse for having been the cause of his self-mutilation, obtained immortality for him. The motives for the self-castration drive in neurotics are seen here—i.e. guilt, self-punishment, identification with the mother, and the purchasing of life at the expense of virility.

Clara Thompson.

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CLINICAL

D. W. Winnicott. 'Enuresis.' *British Medical Journal*, May 2nd, 1936, p. 903.

In a symposium on Enuresis at the Royal Society of Medicine on April 21st (Psychiatry and Pædiatric Sections) D. W. Winnicott opened the discussion with a short paper in which he drew attention to the relation of this symptom to normal and abnormal emotional development.

Enuresis could be associated, he said, with any diagnosis from normality to dementia precox, and could only be properly placed by a study of the unconscious associated phantasy, and of the degree and quality of the compulsiveness of the symptom and of the underlying anxiety. Anxiety was always to be found in ultimate analysis, though in the more difficult cases anxiety was often not clinically manifest.

No analysis of an adult or of a child would be considered satisfactory if enuresis remained as a symptom. However, in no case would there be no enuresis to analyse, since in the emotional development of every individual the excretory processes, the ingestion and the digestion and all the

other physical processes, and the feelings about them, were of first importance.

In persistent bed-wetting the bed came in as a special representative of the mother's body, and where (in the unconscious phantasies) harm was being done through the wetting, the bed saved the outside or inside, or both, of the mother's body from damage.

In the associated phantasies (the feelings about which could only be reached through psycho-analysis) enuresis stood for such varying things as a love gift, a reparation act, a hostile act, a product of the physiology of fear, an attempt to get out of the body that which was felt to be bad or dangerous to the body and to its other contents.

Dr. Winnicott pointed out that there was primarily a great pleasure in urination and in feeling wet, and that this pleasure was exploited normally, as well as in abnormal degree by the individual in the effort to tolerate or deny anxiety, guilt and depression and any other painful emotions brought about by hate and by the hate-content of the unconscious phantasies.

As it was normal for the individual to be able to exploit 'neurotic' symptoms in the effort to deal with anxieties, so enuresis could usually be expected to clear up spontaneously, even though, like any other symptom, it was always linked to the deepest emotional conflicts. When the symptom had persisted into the latency period and even into adolescence the psycho-analyst would not be contented with any treatment but psycho-analysis, though he would admit that those not practising psycho-analysis sometimes produced valuable symptomatic 'cures' of this as of other psychological symptoms. A symptomatic 'cure' might produce a more friendly environment and so might break into a vicious circle; but symptom-hunting was not related to the scientific approach, and could not advance the understanding of the condition.

In assessing the environmental factor it was common to omit mention of the normal mother's love of her infant's excretions. This, the mother's natural valuation of the excretions, helped to form a sound emotional background for the later demands the mother would make for continence and for the postponement and even the abandonment of primitive pleasures.

In conclusion, Dr. Winnicott said that it was ignoring the essential facts to tell a mother to 'train' her child to cleanliness and dryness, and also to blame her directly for her child's incontinences. The only satisfactory control over excretions was one based on love, on unconscious identification with loved, controlled parents, or in other words, control resulting from the possession of a loved, alive, happy and unthreatened, good internal object.

Author's Abstract.

Adrian Stephen. 'Impotence.' *British Journal of Medical Psychology*, 1936, Vol. XV, pp. 305-313.

Contribution to a symposium. A short account of possible interferences with the development of the libido at various phases and of the nature of the interfering force. Description of the interactions on each other of the unconscious difficulties of a husband and wife.

Author's Abstract.

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Richard Sterba. 'Das psychische Trauma und die Handhabung der Übertragung.' *Internationale Zeitschrift für Psychoanalyse*, 1936, Bd. XXII, S. 40-46.

Dr. Sterba briefly and clearly traces the course of Ferenczi's later developments in technique, paying full tribute to his admirable qualities, but shewing the extreme position which resulted from the effort to keep pace with the unsatisfactory outcome of each technical alteration.

These later developments included (a) the 'relaxation principle', resulting in increased and regressive emotional catharsis, (b) the principle of indulgence or concession (Gewährung) by which the analyst played the rôle of the 'tender mother' in a form of play-analysis in order to prevent renewed repression of the re-lived infantile situation, (c) 'neo-catharsis' by suggestion and encouragement to phantasy and removal of all confusion of speech (Sprachverwirrung) between grown-ups and children, (d) states of inaccessibility or 'trance', in which the patient attained a kind of 'clairvoyance' for the analyst's wishes, moods, etc., and enacted infantile situations and a variety of pathological conditions, the analyst taking part in such enactments in order not to disturb them, (e) abandonment by the analyst of his 'professional hypocrisy', by acknowledging any negative impulse or temporary indifference. Dr. Sterba shews that they were the outcome of the position of central importance accorded by Ferenczi to infantile traumata, which entailed an exclusive emphasis on environmental factors in causing the child to deviate from tender to sexual love.

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M. N. Searl.

Alice Bálint. 'Handhabung der Übertragung auf Grund der Ferenczischen Versuche.' *Internationale Zeitschrift für Psychoanalyse*, 1936, Bd. XXII, S. 47-58.

Dr. Alice Bálint denies that Ferenczi with his pronounced individualism and changes of method founded any school in Budapest which would agree on the results to be obtained from any one form of technique, while she proceeds to shew that some of his ideas can be applied with discrimination. Thus, she thinks that the analyst should prove his rectitude and lack of hypocrisy to the patient by confirming correct

suspensions of some negative attitude hidden by the analyst's silence; e.g. acknowledging that such and such an action of his really disturbed the analyst's friendly attention. She believes that the patient's re-living of early more or less paranoid sensitiveness to the variations of adult behaviour, then not acknowledged and not to be criticised, should be actively altered in the present by such acknowledgments, which prove to the patient the incorrectness of his phantasy that the analyst is an angel, and not a human being like himself. Dr. Bálint would employ such a method rarely and carefully. She believes that the patient's narrow and one-sided, though, intense awareness of the analyst can sometimes be corrected only in this way, and that interpretation alone may lead to further repetition of difficult situations rather than to their solution. Seeking to measure the value of Ferenczi's work by its truths rather than by its weaknesses Dr. Bálint touches on such questions as the substitution of the conception of 'primary narcissism' by that of 'passive (egoistic) object love', the influence of the environment on infantile sexuality, and the importance of elasticity of the analyst's attitude in order to promote free criticism of him as forming the present (analytical) environment. This paper deals with attitude rather than with the rôle of interpretations in handling the transference, and the author thinks that the designation of an analyst's technique in this respect as merely 'active' or 'passive' is not sufficiently precise, since behaviour is an activity.

M. N. Searl.



Endre Almásy. 'Zur Psychoanalyse amentia-ähnlicher Fälle.' *Internationale Zeitschrift für Psychoanalyse*. Bd. XXII, 1936, S. 72-96.

On account of uncertainty in the psychiatric diagnosis of amentia, the absence of the recognized exogenous etiological factors in the three cases described, and the differences in them, Dr. Almásy prefers to call them 'amentia-like'. An editorial note emphasises still further the nosological uncertainty both of the disease types and of the conclusions arrived at in a paper originally published in Hungarian as part of a tribute to Ferenczi.

The first case is that of a man of fifty who was arrested for giving away bank notes to passers-by and forcing them on those who refused. In his short exploratory analysis, significant memories began gradually to fill the blank which the incident had left in the man's mind, and these together with his account of his previous life gave considerable understanding of the determinants of his action, even though absence of infantile material left its deeper sources untouched. After heavy misfortunes and serious over-work in order to earn money, the man was about to repay a bank loan and also to compensate a hard and merciless estate agent, whom he

hated, for failing to carry out a contract in extremely adverse circumstances. This payment would have left the man himself without resources or tangible result of his work, and he felt he might as well throw the money away. The sight of a man selling lottery tickets and dealing out leaflets acted as a strong stimulus in the tension of his severe conflict, and as a compromise he began to 'throw away' paper money like lottery leaflets: that is, he did not retain the money for himself and he did not give it either to the bank or to the employer he hated, but threw it away like a rich instead of a poor man; yet in this way he also repeated over and over again the act of giving the money to the bank and to the agent, and thus remained 'master of the situation', although in a mental state which gave the impression of an epileptic fugue.

Dr. Almásy points out that both the second and third cases showed what might be termed a schizophrenic reaction, and the second some hysterical confusion. The second case, a man of twenty-three, was arrested and sent to an asylum while running in the streets as if trying to escape. Dr. Almásy describes him as struggling with fear and horror, incoherently stammering out his terror of an hallucination of a black shadow which sometimes disappeared and sometimes chased him. It took two days to make possible a closer approach to the subject, and the analysis lasted a few weeks only, recovery in a practical sense preventing fuller understanding of the libidinal positions and character traits. At one point, in order to supplement both memory and affect, the analyst told the patient to re-enact the war-time traumatic scene of his first hand-to-hand fighting in which he bayoneted the man who wounded him, but unintentionally, in falling. The patient became able to connect his fear of the shadow following him both with this bayoneted soldier and with his ambivalent attitude towards his mother, of whom he was the illegitimate son, his step-father and his step-brother. Hatred and death wishes towards all three had struggled with fear of the uncontrolled expression of them and with more positive feelings. Close attention to the details of the 'shadow' and to the circumstances leading up to the outbreak after a long intermission of the terror, and some clear dreams together with the transference re-living and interpretation brought to the patient confidence in his permanent freedom from hallucination, and provided some understanding of the reasons for the symptom-formation (he had 'a bad conscience' and was 'afraid of his own shadow', as well as of the revenge of an enemy for the traumatic effect of the war-time murder).

The third case is that of a youth of sixteen, whose actual psychosis lasted two days only. He had one relapse ten days after he came to himself, apparently occasioned by the visit of an elder brother on whom he had concentrated his feeling of hatred. He then recovered completely. The amentia-like psychic disturbance followed a short sleep on a bench,

and continued a dream state in which wish-fulfilling phantasies linked with actual situations came to the regressive solution of a state of tense conflict. He was torn between his ambitions and satisfaction as the president of a young people's society, and the reproaches of his mother if he were not home at an hour which would interfere with his duties as president. His intense love for his mother (in part reaction-formation) and his fear of her death from a bad heart of which he had been warned, following the early death of his severe and unmourned father, had decided him to abandon the presidency, repeating an earlier submission to his mother's refusal to let him become an actor because he was unable to carry out this decision in actuality, he abandoned both the conflict and reality. His delusion that his short sleep had lasted for ten years, that he was President Esterházy, born in a palace, that he had travelled by car and 'plane, danced with elves and so on, could be connected in detail with actual situations and with his attempt to solve his current and previous conflicts in a self-satisfying instead of self-denying fashion.

As far as material allows, Dr. Almásy traces the fate of the pregenital impulses in the three cases, also the connection between frustration and the increase of the id-demands to a point at which the reality-syntonic environment is in part psychically changed into a wish-syntonic environment. Such an acute and nearly complete regression seems to need particular psychic plasticity and elasticity so that the id-impulses can be satisfied by such means, and the previous situation regained. Dr. Almásy leaves the subject with a query whether increased knowledge of ego structure will lead to a therapy of chronic neuroses and functional psychoses by bringing about an amentia similar to this form of nature's spontaneous though not always successful healing methods.

M. N. Searl.



Paul Schilder. 'Remarks on the Psychophysiology of the Skin.' *Psychoanalytic Review*, 1936, Vol. XXIII, No. 3, pp. 274-285.

Psychogenic skin conditions of various types were observed with the following conclusions.

Psychogenic sensations and manifestations on the skin have always a meaning in relation to the total experience. The biological history and the life history determine the final shape into which psychosomatic irritation is built. Early organic disease offers the best basis for conversion later, but there must also exist a differential psychology for the various skin affections; e.g. sado-masochistic attitudes are found important in itching, and it has been observed that neurotic blushing and perspiration are related to paranoid conditions. Skin disease especially affects the individual's relation to others.

Clara Thompson.

SEXUALITY

Karen Horney. 'The Problem of Feminine Masochism.' *Psychoanalytic Review*, July, 1935, Vol. XXII, No. 3, pp. 241-257.

The paper begins by raising two questions (1) How far is masochism of the essence of the female? and (2) How far have social conditionings influenced the formation of her masochistic trends? The tentative conclusion of the paper is that social conditioning is probably the more important factor of the two.

Rado and Deutsch have been of the opinion that masochism is essentially related to the nature of the female sexual life, although the two differ in opinion as to whether it is a *normal* manifestation. Horney believes that it is still to be proved that (1) sadism is connected with the clitoris, (2) that the girl renounces clitoris masturbation because of the discovery that she has no penis, and (3) that the sadistic libido then turns in against the self.

Do not the cultural conditions under which we live predispose women to a masochistic adaptation? The observation of masochistic tendencies during the course of analysis is the basis for the author's conclusions. Here she finds masochistic attitudes as a result of excessive need for attention and affection. Here she finds patients of both sexes who habitually have unhappy loves in which they are humiliated and badly treated; patients who with their great need of dependence nevertheless feel unworthy of love and so cannot be adequately aggressive. Since the problems underlying these pictures are not found exclusively in women the question is raised: 'under what social and cultural conditions do we find more frequently in women than in men'?

- '1. The manifesting of inhibitions in the direct expression of demands and aggressions.
- '2. The regarding oneself as weak and implicitly or explicitly demanding considerations on that basis.
- '3. A becoming emotionally dependent on the other sex.
- '4. A showing tendency to be self-sacrificing—submissive, to feel or be explored, to put responsibilities on the other sex.
- '5. A using of weakness and helplessness as a means of wooing and subduing the other sex.'

In this culture the following factors predispose to masochism in women.

1. Blocking of outlets for expansiveness and sexuality.
2. Restriction in number of children (children being woman's achievement and thus giving satisfaction).
3. Estimation of women as inferior to men.
4. Economic dependence.
5. Restriction of life in emotional spheres.
6. Surplus of marriageable women.

The biological sexual functions have in themselves no masochistic connotations but certain things may be given a masochistic meaning when masochistic needs of other origin are present. Such meaning may be given (1) the greater average physical strength of men, (2) the possibility of rape, (3) the pain of menstruation, defloration and child-birth, and (4) the being penetrated in intercourse. These give a woman a certain preparedness for a masochistic conception of her rôle. This preparedness without the conditioning of the culture probably does not develop as judged by the disappearance of masochistic trends through analysis. Psycho-analytic studies of the influence of other culture areas on women should be made.

Clara Thompson.

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Edoardo Weiss. 'Todestrieb und Masochismus.' *Imago*, 1935, Bd. XXI, S. 394-412.

The subject is approached from three points of view. (1) The arguments for and against a death instinct. (2) The limits of the pleasure-pain principle. (3) The definition of sadism and masochism. The energy, which expresses itself in those phenomena which led Freud to postulate the death instinct, should be called *destrudo*. *Destrudo*, though it may work destructively, is necessary to the preservation of life, its function being to make the organism aware of danger.

I. F. Grant Duff.

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C. D. Daly. 'The Menstruation Complex in Literature.' *Psychoanalytic Quarterly*, 1935, Vol. IV, No. 2, pp. 307-340.

Material is brought from writings of Baudelaire and of Edgar Allan Poe to shew that the nucleus of the Œdipus complex is the fear and horror aroused by the sight of the menstrual bleeding of the mother. The matricidal urges and the guilt resulting from them unite with fear of castration arising from the Œdipus guilt, when the child is confronted with the sight of the mother's bleeding body, to erect the incest barrier. The descriptions of scenes of blood, taken from both authors, are tellingly and convincingly used to shew the deep significance for the child of its early impressions of menstrual phenomena.

Lucile Dooley.

BOOK REVIEWS

Surprise and the Psycho-Analyst. By Theodor Reik. (Translated from the German by Margaret M. Green. Kegan Paul, London, 1936. Pp. 294. Price 12s. 6d.)

A review of the German original of this book appeared in this JOURNAL, Vol. XVII., Part I., p. 126, and we welcome the English translation

E. J.



Practical Aspects of Psycho-Analysis. By Lawrence Kubie. (W. W. Norton & Co., New York. Pp. 223. \$2.00.)

Within a very limited space Dr. Kubie has set himself to deal with a formidable number of problems. His book is not addressed primarily to psycho-analysts, but attempts to answer the host of questions which commonly arise both in the minds of prospective patients and in those of the friends and relations of patients. What is the essential nature of psycho-analysis? How does it differ from other forms of psychotherapy? What is the need for such frequent sessions and such prolonged treatment? Who is a suitable subject for analysis? How can a properly trained analyst be distinguished from a quack? What training do analysts themselves undergo? What should be the attitude of his friends and relations to the patient?

These questions are only a few of those that are dealt with succinctly and clearly, and though, of course, many analysts will disagree with Dr. Kubie on points of detail, it is probable that all will congratulate him on the competence and completeness of his work. One small but definite mistake may be noted: the address of the British Psycho-Analytical Society is not identical with that of its President's consulting room.

Adrian Stephen.



Nature Hits Back. By Macpherson Laurie. (Methuen & Co., London, 1936. Pp. 180. Price 5s.)

There is a great deal of sound common sense in this book, but not enough to balance all the nonsense in it. The author states that nearly everybody suffers from some form of nervousness, which he classifies as (1) Fear, (2) Depression and (3) Lethargy, and he holds—rightly or wrongly—that this is a greater tragedy than all the grave organic diseases such as cancer, tubercle, heart disease, rheumatism, etc., filling our hospitals and the major psychoses filling our asylums.

He believes that nervousness is a disease of modern times and that it is all due to (1) Congestion, (2) Exhaustion and (3) Malnutrition. What he means by congestion we have failed to discover, but by exhaustion he

means the strains of exercising patience, adaptation, resentment, financial worry, overwork and discomforts from a sagging bowel, rheumatism, eye strain, sleeplessness and noise. As to malnutrition, we have departed from nature in that we eat unnatural advertised foodstuffs, more sugar and more tea than they did a hundred years ago, and white instead of whole meal bread. Hence decayed teeth, constipation and all sorts of appalling maladies for which, worse still, we obtain correctives from the chemist.

There is a chapter on the endocrine glands, from which we learn that, if only we would strengthen glandular response 'the majority of nerve hospitals, psychologists and psycho-analysts would topple to the ground'. How to strengthen glandular response he does not tell us.

There is also a chapter on sex consisting mostly of platitudes. Curiously enough this is the one chapter in which the author has omitted to vilify psycho-analysts; whereas elsewhere he tells us that there is to-day 'far too much psychological interpretation of nervous disorder and too much attention is paid to the subconscious', and then again sexual interpretation is 'unwholesome and obscene'.

But surely we have seen decayed teeth in skulls thousands of years old and Dr. Laurie has omitted to give any evidence that all this nervousness did not exist a hundred or more years ago.

W. H. B. Stoddart.



Psychogene Angina. Epikritische Betrachtungen ueber eine Mandelentzündung und ihre Psychopathologie. By Rudolf Bilz. (S. Hirzel, Leipzig, 1936. Pp. 70. RM. 3.)

Under this somewhat sensational title the author reports several casual observations of tonsillitis occurring in a critical moment of the patients' life which were obviously not without connection with the patients' total condition. In the most carefully observed of the cases the material consists mainly of a record of dreams during a week's time, which are freely, but inadequately, interpreted according to their manifest content and of a consideration of the current conflicts. The psychological understanding does not go far beyond the 'secondary gain' of the disease. Nevertheless it shows clearly the severe conflicts around taking the father's place, getting married and having children, and the strong and unmistakable castration-anxiety and imagery linked up with it. The patient, who was about to be engaged not long after his father's death, apparently in posthumous obedience to him, ultimately dropped every idea of an engagement. It is interesting to note, that in similar earlier conflict-situations the patient at one time had an accident, another time he broke a tooth. The other cases and those quoted from other authors are, in general, of a similar kind.

The author has not grasped the essentials of psycho-analysis proper too profoundly, e.g. he does not understand fully what we mean by the Œdipus situation or our concept of an imago, otherwise there would have been no need to introduce such ideas as 'sacral situation' and for him to jump into a wealth of ethnological material in order to confirm his views and to indulge in profound philosophical speculations. All this is quite interesting and at least not too superficial. Actually it forms the bulk of this small book and cannot be entered upon here. While the author likes quoting Schopenhauer one feels that this attitude furnishes rather a good example of another sentence of this philosopher: 'It is an odd fault in the Germans to look in the clouds for things which are lying at their feet'. (Ein eigenthümlicher Fehler der Deutschen ist, dass sie was vor ihren Fuessen liegt, in den Wolken suchen.)

The author's ideas about effects in particular, based to some extent upon the modern 'Ganzheitsauffassung', as well as his remarks on 'panic' and 'central' anxiety make stimulative reading. All the while he seems to feel himself rather a pioneer, introducing new terms, which are partly unnecessary in themselves, partly because they are just other words for ours. Thus, e.g. he quotes 'Vertretung' for 'Verschiebung' (replacement instead of displacement). As he roughly calls 'sexual' what we mean by 'genital' and 'generational' what we call 'sexual', he arrives at the otherwise untenable statement: 'obviously sexual ideas play an important part in these angina-dreams', and at what he calls 'my theory of a connection between tonsillitis and the problems of generation'. This he calls a 'synoptic' view, but seems to fall back into the more primitive view (*either organic or psychogenic*) when he remarks that he does not believe every case of tonsillitis to be psychogenic, but that there are trivial infective tonsillitis cases as well.

Nevertheless, the fundamental idea in which he agrees with Simmel, that an organic disease may be considered equivalent to a psychosis, seems to be correct (Meng calls it an 'organ-psychosis'), and the author is rightly impressed by his experience of the profound individual and archaic motives set in motion in disease, such as those of death and rebirth, castration and maturation, reminiscent of initiation-rituals, guilt and redemption. But there is no clear specific correspondence to angina in his material! When he ultimately admits that his considerations are like an equation with many unknowns, we must agree with him, but, he says, more important still is the formulation of the problem. However, the real problems here are: what type of person has to utilize an organic disease as expression for and defence against his conflicts and in what type of situation does he do this? Why can others confine themselves to the neurotic level? Can we show clearly what conditions are necessary for that? Why just tonsillitis? Are there any really specific factors to

account for that? These questions, to mention but a few, the author does not discuss sufficiently.

However, under the impression of the far-reaching ignorance and unawareness of doctors in general on these matters we must consider every publication of case material of this sort as a merit and acknowledge that the insight here is far above the average. If the reviewer is rather critical and thought it worth while to go into the matter at some length, it was for the following reasons: It seems that the point of view taken here is a typical example of the one held in Germany at the present by leading people (cf. von Weizsaecker). It shows clearly how far even this most advanced point of view lags behind our analytical knowledge, methods of investigation, and understanding, quite apart from the fact that the author does not take into consideration the psycho-analytical development during the last decade in general and in this country in particular.

Things have changed. We feel that psycho-analysis has not only outgrown the phase of fight for recognition but can justly claim authority in all questions of medical psychology and the psychological aspect of disease in general. There will be only two really competent scientific investigators in this new and highly important field: the practising psycho-analyst with a good medical education and the thoroughly analysed physician of the future.



S. H. Fuchs.

Reaction to Conquest. By Monica Hunter. With an introduction by General the Right Hon. J. C. Smuts. (Oxford University Press, London, 1936. Pp. xx + 582. Price 30s. net.)

Anthropological books fall roughly into two types: those that are content to describe, and those that attempt to interpret. Dr. Hunter's work is descriptive: it contains an immense collection of well-ordered acts—unsullied and unadorned by theory—about the Pondo of South Africa. Pondoland was the last block of territory in the Cape to be annexed (in 1894) and is therefore the least effected by European contact. War and the execution of witches have been suppressed and the authority of the chiefs weakened, but the life of the people, together with their customs and beliefs, has not greatly changed.

Pondo children crawl or walk later than Europeans. They are not expected to be clean before two or three. Formerly they were suckled three hoeing seasons—now eighteen months or two years. At the end of this period, the mother may put bitter aloe or pipe oil on her nipples, or tie up her breasts. The children do not give 'much trouble' but may 'cry a little' (p. 158). Full intercourse between the parents is not permitted till after weaning. A father who breaks this rule is said to be

'killing his own child' who would become fretful and have diarrhœa (p. 159).

Respect for elders and absolute obedience to parents is expected, but unruly children are seldom beaten, only threatened. Children do not sleep in their parents' hut, but are soon aware of the facts of sex. 'Babies are frequently kissed on the sexual organs and buttocks by relations and friends' (p. 180). From the age of eight to ten they begin to go to parties of unmarried people for dancing and flirting (*ukumetsfa*). They sleep together but there should be no penetration. Formerly, a girl was examined on her return and, if no longer intact, her lover was compelled to give cattle to her father as a fine. 'Only a married woman can bear children without disgrace' (p. 186).

Sexual relations with father's or mother's, or paternal or maternal grandmother's, clan is prohibited. Interestingly enough milk may be drunk only from cows belonging to these clans. 'Where one drinks milk one cannot marry' (p. 48).

Girls should never admit they are willing to marry. They are often abducted, sometimes with the connivance of the father. Polygyny is not very common. Co-wives are often jealous and accuse each other of witchcraft. A witch who has been smelt out goes home and is no longer killed.

The circumcision of initiates was suppressed by Chief Faku before the annexation. But every other child should have the top joint of the little finger cut off soon after birth and before the mother comes out of the hut. This prevents sickness and unsatisfactory development. If the finger bleeds the child will be dirty no more. If a child persistently sucks its thumb its little finger is cut.

Distinct from the ancestor cult, which is of considerable importance, there is belief in demons. The possession of a familiar is proof of witchcraft. *Thikolofe*, the commonest familiar, has intercourse with the witch. It is a small hairy being. 'The penis of the male is so long that he carries it over his shoulder, and he has only one buttock' (p. 276). 'Among other demons are *Inyoka yabafazi*, the snake of a woman, and *izulu*; a woman dreams of him and then accepts him as her lover. Her children die; she gives them to him' (pp. 283-285).

Medicines are used for various purposes. A chief uses them to give himself a shadow and make himself feared. A native whose hut had been struck by lightning had it treated by a herbalist who gave him a special preparation. Now when a storm is threatening he 'rubs this medicine on the sticks treated by the herbalist, goes naked to the door of his hut, urinates into his hand, drinks his urine, then rushes out stabbing at the approaching storm with one of his sticks, and finally plunges the stick into the ground, slanting towards the coming storm. The second stick

he plunges into the thatch of his hut slanting 'in the same direction, and he manoeuvres up to the storm as a warrior. The sticks are substitutes for spears, which most people use' (p. 298).

In the old days of warfare, women used to accompany the army 'and if the fight were near they would watch it from the hill tops. They sang salacious songs, and tucked their skirts round their waists exposing themselves'. A young woman who did not do this would be scolded by her elders (p. 408). Common causes of war were cattle raids and hunting disputes. Civil war sometimes occurred when the succession to the chieftainship was disputed by two brothers. Fights with sticks between the boys or young men of two districts are still common. They start with disputes over girls or grazing rights, or as quarrels at beer parties.

The Pondo language contains some interesting examples of oral symbolism. A kind woman is *nobubele*, full of tenderness, from *ibele*, a breast (p. 21). Sexual intercourse is equated with eating: 'He slept without eating. He was rejected by the women' (p. 362). 'Who is eating Nomaladi?' i.e. who is her lover? (p. 356).

A few dreams are recorded, but without many associations. A woman, a Church member, dreamed of money. 'It turned into a snake, then into pins. I was afraid. I asked someone to pick up the snake. He did so. It stuck to his finger, and left a mark like a weal. It seemed to be dead. Beautiful pins appeared and he tried to pick them up, but could not. . . . I do not know the meaning, but I think witches want to impart bad things to me' (p. 491).

Besides the natives in the Reserves, Dr. Hunter has also studied those working on white men's farms and in towns, where the European influence is much stronger and the problems of culture contact more difficult. She is an acute and sympathetic observer. Her records should be of great interest to psychologists, as well as to anthropologists and administrators.

Roger Money Kyrle.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

EDWARD GLOVER, GENERAL SECRETARY

REPORT OF THE FOURTEENTH INTERNATIONAL PSYCHO- ANALYTICAL CONGRESS

The Fourteenth International Psycho-Analytical Congress took place at Marienbad from August 2 to August 8, 1936, under the presidency of Dr. Ernest Jones. There were 198 present—111 members and 87 guests. The local arrangements for the Congress were made by a Joint Committee of the Vienna Psycho-Analytical Society and the Czecho-Slovakian Study Group.

Opening of the Congress

The President, Dr. Ernest Jones, opened the Congress on Monday, August 3, at 9 a.m., with the following address :

‘ To-day we are embarking on a novel adventure. This is the first time the International Psycho-Analytical Association has met in a country where there exists no Psycho-Analytical Institute, nor even a Society. We are venturing on to almost virgin soil, though one that promises to be fruitful soil. I say “almost virgin,” since we have for some years been preceded by a few individual analysts. The first, I think, to settle in Prague was the late Dr. Ossipov, who left Russia after the revolution and continued in practice from 1923 until his death a couple of years ago. The first Czech physician to practise psycho-analysis, since 1928, was Dr. Windholz. Then some three years ago, under the leadership of Frau Deri, until she left for America last year, a Study Group was formed, which we affiliated to the Vienna Society. This has been recently strengthened by the accession of one of our most valued members—I refer to Dr. Fenichel.

‘ The reason why I ventured to predict a promising future for psycho-analysis in Czecho-Slovakia is a very simple one. It is because Czecho-Slovakia is one of the few states in Europe where the most necessary condition for the advancement of science still obtains. I refer, of course, to a social culture having among its attributes the priceless one of untrammelled freedom of thought. Continuing its renowned traditions of the fourteenth and fifteenth centuries, Czecho-Slovakia stands like an island of freedom, surrounded by countries whose professors have to submit to the

ensorship and direction of arbitrary dictators. A new science like psycho-analysis more than any other needs this essential condition of freedom in which to grow and flourish. The interests of psycho-analysis in Eastern Europe are therefore closely bound up with the continuance of the free state of Czecho-Slovakia and the wise tolerance exhibited by its present régime.

‘ We have a more personal reason for regarding the country of Czecho-Slovakia with affection. It was in a small town in Moravia—Freiberg—that the founder of psycho-analysis first saw the light of day. The early impressions he there received must have been the decisive ones for forming his mind into its later fertile mould. In a real psycho-analytical sense, therefore, it would be true to say that psycho-analysis was born in Moravia. At that time Moravia was not the mighty empire it had once been, out of which the still mightier Bohemian empire of the Middle Ages evolved, but a mere province of Austria. Since then it has resumed its place by the side of its sisters Bohemia and Slovakia, but the racial and national motives that have severed it from Austria have spared many of the cultural bonds between the two countries. When we come here to-day offering gifts of knowledge to this country, we are not only strengthening those bonds, but are also bringing back the gifts that originally emanated from this very soil.

‘ Since the last Congress some important events have taken place which profoundly affect the psycho-analytical movement. Of them I will refer to one unfavourable one and one gratifying one. The well-known difficulties analysts have to contend with in Germany have increased rather than diminished ; though it may perhaps be said on the other side that they have in some ways less reason for anxiety than they appeared to have two years ago. Political intervention has restricted their co-operative work by dictating the kind of colleagues with whom they may foregather for scientific purposes. Last Christmas the Jewish members of the German Society found it necessary to resign their membership. Availing myself of the privilege bestowed on me by the Lucerne Congress, I have granted direct membership of the International Association to all those who asked for it. The emigration from Germany has of course continued, but in spite of the relatively large numbers concerned we have been able to find suitable opportunities for work for the large majority of the emigrants. What Germany has lost, other countries have gained. The same intervention has also seriously impeded the activities of the *Verlag*, so as to produce the most alarming crisis in even its adventurous career. Immediate and continuous action on our side, above all on the part of Dr. Martin Freud, has parried the blow, and the latest news to hand is far more favourable than seemed likely even a few weeks ago. It is not the first time that the situation of the *Verlag* has given us deep concern.

In another place suggestions for revivifying the international usefulness of that vital institution will be brought before you and will, I trust, arouse your enthusiastic support.

'I turn now to a brighter picture. This year our beloved teacher, Professor Freud, celebrated his eightieth birthday. To put it more accurately, the rest of the world celebrated it. Not even Professor Freud's authority, nor deference to his retiring nature, could stem the flow of congratulatory messages and addresses that poured in from all over the world, from the Americas, from the Indies and from the distant Antipodes. It is a source of profound happiness to us that he is still actively participating in the progress of the work he so courageously initiated many years ago. May 5th, the eve of his birthday, was auspiciously chosen for an eventful occasion. On that day I had the honour of declaring open the new premises in which are harmoniously housed the Vienna Society, the Vienna Institute, the Vienna Clinic (Ambulatorium) and—shall I say, above all—the International *Verlag*. That these institutions should at last have found a permanent habitation, and that the Vienna Society, the mother of all psycho-analytical societies, should after nearly thirty years of wandering have returned to its birthplace in the world-famous Berggasse is a source not merely of congratulation, but of inspiration to the whole psycho-analytical movement. From our hearts we cry: "*Der Wiener Verein; er lebe hoch.*"

'I have also to record the gratifying fact that the prolonged and painful birth-throes of the American Federation of Psycho-Analytical Societies have resulted in a successful travail. At the Business meeting we shall ask you to express your approval of the offspring and we shall all wish it a long and lusty life.

'It is now my pleasurable duty to bid you welcome to the Fourteenth Congress of the International Psycho-Analytical Association and to invite you to enjoy the amenities which the Local Reception Committee has so bounteously provided.'

The Chair was then taken by Dr. Max Eitingon, Jerusalem. Papers were read as follows:

FIRST SCIENTIFIC SESSION

August 3, 9.30 a.m.

Chairman: Dr. Max Eitingon, Jerusalem.

1. Dr. Paul Federn (Vienna). The 'Random' Functioning of the Brain: a Psychological Problem relating to Cerebral Physiology.

Psycho-Analytical psychology has already advanced so far and is so widely removed from the earlier psychology that it has become necessary to test the hypotheses hitherto accepted with regard to the brain's mode of

functioning and to see whether they throw any light on the fundamental psychic functions which psycho-analysis has revealed.

The attempts to discover the substratum of organic processes in such phenomena as repression, projection and obsession cannot be successful so long as no answer has been given to the principal question, namely, what is the connection of the psychic determination of associations with the existence of particular paths and specific centres. Pawlow's theory of conditioned reflexes has been brought into harmony with the conclusions of psycho-analysis by Ischlondsky, while the other, i.e. the vitalistic, aspect of these problems is embodied in Monakow's theory. Researches in various fields have suggested to me a preliminary question, upon the answer to which the solution of the principal and secondary problems mentioned depends, for it excludes all explanations by means of a mere reflex-psychology. Two of these fields of inquiry come under the heading of general psychology: they comprise the problem of the origin of correct perceptions and the conclusions of Gestalt-psychology. Here, at our Congress, we are principally interested in the psycho-analytical explanation. It is really an extension of my notion that the ego is based on a uniform, simultaneous cathexis; while, in the case of the changing contents of consciousness which successively cross the ego-boundary, the psychic process and the parallel biological process must be fundamentally different. My second point of departure was the train of thought suggested by the operation of primary processes at once in dreams, parapraxes, symbolism and clearly determined secondary association-processes. I felt that I was thoroughly justified in assuming that the process of thought makes use of ready-made channels in some cases only. In others the correct and the erroneous selection of psychic contents follows the *random* 'summons' of the engram which, through some particular determining factors, is appropriate, or else it is the result of the random formation of a new or modified group of engrams.

2. Dr. Gustaw Bychowski (Warsaw). Psycho-Analysis conducted during Hypoglycæmia.

Sakel's experiments in the treatment of schizophrenic psychoses by insulin have thrown much light on the complicated stratification of paranoid delusional systems. Moreover, they showed that this structure can be destroyed only by degrees and step by step. The question then arose why the hypoglycæmic condition is associated at once with an improvement in the transference and a diminution in the resistance which had previously defied correction.

According to Freud the denial of reality is the characteristic mechanism in psychosis. In order to put it out of action, that mental institution must be weakened which originally brought about the denial and has since defended it with such tenacity. This institution is the ego—naturally a

specific type of ego which has undergone a change in the service of the id-tendencies, an infantile ego which turns its back on reality. In hypoglycæmia, which prevents the functioning of whole tracts of the central nervous system, the ego becomes weak and accessible to external influences.

The attempt has now been made to bring about the correction of the mental processes in hypoglycæmia. This has to be done gradually and carefully, during the period before consciousness is extinguished or soon after it is regained when the patient awakes. The most scrupulous attention has to be paid to the ego-resistances, only a small part of the pathological mechanisms being revealed at any one time and reconciliation with reality being aimed at.

The ego is weakened and, as it were, robbed of its armour by the constant recurrence of the hypoglycæmic condition. The psychotherapist tries to replace it by a new ego, which is at home with reality and no longer turns away from it. We have to point out to this ego possible ways of gratification which may compensate it for the loss of the infantile delusion of grandeur. The patient has to be treated with exceptional caution by all with whom he is in contact, because, since his ego is artificially rendered weak and plastic, it is highly vulnerable.

3. Dr. Imre Hermann (Budapest). The Instinctual Cathexis of the Ego and Super-Ego. (The part played by the impulse to cling and the instinct to seek.)

A survey of two component-instincts: the impulse to cling and its opposite, the impulse to 'go to seek.' Aggression as a reinforcement, and tender love as a modification of clinging. Anxiety as a return of the instinct to cling. A signal directed outwards and inwards (ego-child, id-mother). The ego's instinct to seek, in the primitive Cs-systems (orientation by means of smell and touch). The sense of being pursued as a projection of one's own seeking. The development of the super-ego (remoteness of the ideal person: strict adherence to principles). The super-ego as an organ of 'retention' is regressively cathected by the instinct to cling (hence is derived aggression). The ego-ideal adheres to an unattainable goal of the instinct to seek. Releasing functions of the ego, where other systems tend to adhere.

4. Dr. Ernst Kris (Vienna). Observations on Laughter: a Contribution to the Psychology of Mimicry.

I. Mimicry as a function of the ego. Childish mimicry and the mimicry of adults. Successful mimicry as the integration of the various mimetic impulses; unsuccessful mimicry as a failure of integration. Mimicry in ego-disintegration.

II. Laughter and mimicry. Older and more recent views on laughter. Laughter as an automatic process. Psychogenic compulsive laughter.

The ritual significance of laughter (*le rire sardonique* as described by S. Reinach). Laughing and smiling. Laughter and the restraining function of the ego.

III. The ego and the id in conflict over the mimetic function. The possibility of interpreting mimicry and the conditions of interpretation. The ego and the time-factor in mimetic processes.

5. Fr. Edith Jakobsohn. The Formation of the Super-Ego in Women.
(Read by Dr. Fenichel).

SECOND SCIENTIFIC SESSION

August 3, 3.30 p.m.

Chairman : Dr. C. P. Oberndorf, New York.

1. Dr. Lillian Rotter-Kertész (Budapest). The Dynamics of Puberty.

Puberty is the period in human life in which children should finally detach themselves from their parents; it is essentially a period of detachment.

The child is in a situation of conflict: his growing sexual instinct urges him outwards in the direction of freedom, maturity and independence, while his relative helplessness causes him to cling to the mother, the family and the nest.

The chaotic medley of opposites in the picture presented by puberty falls naturally into order if we focus our observation on the conflict about detachment, and all the conflicting elements may be traced to the two opposite wishes, 'I want to be grown-up' and 'I want to stay small.'

The stronger the little child's mother-fixation, the greater is his difficulty in detachment. We meet with the following types: (1) Puberty much belated or altogether absent. This type of child is 'good' but infantile and suffers from pseudo-debility. (2) Pseudo-puberty, imitation of other adolescents. The child is grown-up away from home and a child at home. This produces characters which, behind a façade of over-compensation, have a stubborn infantile nucleus. (3) Very stormy puberty, with strong wishes in both directions (to run away and to remain at home): marked aggressiveness, wildness and possibly a criminal tendency, simultaneous or periodically alternating with regression to the anal and oral levels, representing the breaking-through of childish wishes. This conflict may be continued all through life, and from this group are derived the eternal adolescents, the revolutionaries and the anarchists. (4) Normal puberty; alternating periods of regression and development, the regressions becoming gradually less marked, while steady progress is made in the direction of complete detachment.

It seems, moreover, that all the essentials of a typical 'work of mourning' (for vanishing childhood) must be carried out before detachment can be successfully accomplished.

2. Dr. J. Lacan (Paris). The Looking-Glass Phase.
3. Dr. Edoardo Weiss (Rome). The Early Diagnosis of Psychoses in Analysands.

A latent psychosis in an analysand may be diagnosed from certain signs, mental attitudes and psychic processes, even before symptoms occur which the psychiatrist knows to be typically psychotic. Early diagnosis of a latent psychosis is important, because psychotics must be treated differently from neurotics. In practice the two principal psychoses concerning us are paranoia and schizophrenia.

It sometimes happens that the clinical picture of a neurosis conceals a psychosis; the neurosis then represents either a manifest façade or a superstructure of the psychosis. (It is true that there are also mixed cases: genuine neurotic symptoms in psychotics and psychotic characteristics in neurotics.) The frequent experience that, as the revealing work of analysis went on, a manifest neurosis was demolished only to be replaced by a psychosis has led the author to conclude that the latter may be subjected to a process analogous to repression, a 'defence' being set up against it by means of the substitution of a neurotic condition.

When neurotic symptoms are also present, they are taken into the service of the process of secondary elaboration which we see at work in delusions, in the same way as factors belonging to the external world are also utilized.

4. Dr. Eduard Hitschmann (Vienna). The Clinical Study of Dreams.

The importance of dream-interpretation. Tardy recognition of the psycho-analytical science of dreams; causes of this reluctance. Dreams observed from the clinical-medical standpoint. Dreams 'from below' (Freud) and 'transparent' dreams (Freud) as evidence of the pathogenesis and indications for the diagnosis of specific disorders. Dreams in series. Statistics of recurrent dreams. Hunger-dreams associated with receptive psychic tendencies (Alexander).

Dreams as evidence in support of the psycho-analytical theory of the neuroses. Law as the basis of science.

5. Dr. Zsigmond Pfeifer (Budapest). An Attempt to Explain the Enjoyment of Music.

Following the line of thought suggested in a previous paper¹ the author adduces æsthetic (musical) and clinical material to prove that (in accordance with the biological conditioning factors) music is not simply a partial manifestation of the genital instinct, directly applied to the sexual life, as Darwin held, but rather represents a lingering on the narcissistic level on the way to genital-sexual object-love. Thus in musical expression and its elements we note the following main charac-

¹ 'Musikpsychologische Probleme', *Imago*, Bd. IX, 1923.

teristics : (1) Functionalism—pure functional symbolism, autosymbolism as contrasted with the object-symbolism of other arts. Music as an autoplasic art is opposed to the other alloplastic arts. (2) In tone, harmony, etc., narcissistic unity is maintained in opposition to the pull in the direction of the search for an object (attempts to approach more closely to objective expression, e.g. in modern music). This latter aim is never given up but can never be attained (cf. disturbing elements, dynamics, dissonances, thematic work, etc.).

A short survey of the psychological and biological rôle of the arts and the artist.

6. Dr. Ludwig Jekels (Stockholm). Sympathy and Love.

THIRD SCIENTIFIC SESSION

August 4, 9 a.m.

Chairman : Dr. Ernest Jones, London.

Symposium on The Theory of Therapeutic Results. Papers were read by :

Dr. Edmund Bergler (Vienna).
 Dr. Edward Bibring (Vienna).
 Dr. Hermann Nunberg (New York).
 Mr. James Strachey (London).
 Dr. Otto Fenichel (Prague).
 Dr. Edward Glover (London).

Discussion by : Dr. Helene Deutsch, Dr. Perls and Dr. Hanns Sachs.

Replies by : Dr. Bergler, Dr. Bibring and Dr. Nunberg.

FOURTH SCIENTIFIC SESSION

August 4, 3.30 p.m.

Chairman : Fräulein Anna Freud, Vienna.

1. Dr. Géza Róheim (Budapest). The Garden of Eden or the Psychology of Mankind.

I. The Hebrew myth symbolizes the tragedy of growing up. The ontogenetic theory of cultural types and retardations as the key to human nature. The super-ego. Human beings cling to their absent mothers. Retardation as the origin of introjection.

II. The clutching reflex. Separation from the mother relatively premature. Retardation and regression. "Grooming" of apes and monkeys. Introjection and self-clutching. The birth-shock and retardation. From the mother to mother-substitutes.

III. *Rite de passage*. Change involves ritual. Modified environment made bearable by libidinization. The Hebrew Passover as a typical *rite de passage*. Covenant rites. Religion as a covenant ; the covenant as a

mutual mother-child situation. Rites of contact, fore-pleasure and the mother-child situation. Society based on clutching. Increasing infantilization from primitive to civilized man. The mother as the primal introject. Animal societies based on the id and the ego, human societies on the id, the ego and the super-ego. Mortuary rites. Eating the dead and oral introjection. Projection and ghosts. Hallucinatory correction of reality in mourning rites and other world beliefs. "Clutching" in periodical sacrifices (*rite d'aggrégation*).

IV. Human society based on the mother-child situation. How do we grow up? The problem of reality. Adaptation of non-retarded animals. Animals of prey are retarded. Adaptation of primates to reality. Growing up in a matrilinear society. The importance of being beloved. The significance of food-distribution and of trade expeditions. The explanation of narcissistic or "retributive" capitalism in Melanesia. From passive to active object-love. Our growing up a compromise between reality and the infantile situation.

V. The riddle of the sphinx is the primal scene. Anxiety and retardation. A libidinal impulse without gratification is typically infantile; lack of gratification increases *pari passu* with civilization. The Œdipus complex explained by retardation. Retardation as a deviation from the biological aim. The myth of the Garden of Eden relates the tragedy of a retarded species.

2. Mme. Marie Bonaparte (Paris). Paleobiological and Biopsychological Reflections.

Paleobiological roots of the male castration-complex and the female penetration-complex. The origin of anxiety in general, viewed as the primitive reaction of the cell to the real dangers which threaten it from the external world.

3. Col. C. D. Daly (Calcutta). The Influence of Pregnancy and Parturition in the Passing of the Phases of the Œdipus Complex.

The rôle played by male reactions to female sexuality in the passing of the positive and negative phases of the Œdipus complex. From the interruption which takes place in the development of the sexual life of human beings Freud has inferred that something of importance must have occurred for the destiny of mankind which this interruption has left behind as an historical precipitate and which plays a leading rôle in the ætiology of the neuroses. It is hypothesized that not only do the secrets of what this break in instinct was lie hidden behind the taboos in which these ego-defence reactions became automatic, but that phases of repression of a similar nature take place in ontogenesis and play a somewhat similar rôle in the repression of incest and homosexuality as they did in the past; they contain the reasons for the passing of the positive and negative phases of the Œdipus complex.

4. Dr. A. A. Brill (New York). *Psychic Suicide in Primitive and Civilized Races.*
5. Dr. Robert P. Knight (Topeka). *The Dynamics and Treatment of Chronic Alcohol Addiction.*

I. In a large percentage of the cases studied, one parent, usually the mother, had been over-indulgent and over-protective toward the patient, while the father had been unaffectionate and inconsistently severe and indulgent. This parental background seemed to be intimately related to the development of the patient's passivity and tendency to satisfy oral cravings through pacifying himself with alcohol.

II. A valuable prognostic appraisal of each case can be made by estimating the psycho-sexual maturity, especially the presence or absence of character traits of retention and mastery derived from the second anal stage. The term "essential" or "true" alcoholic was applied to those cases in which only oral character traits—passivity, demanding, dependence—were present, especially when there was evidence of emphasis on the warm glow in the stomach, erotization of eating and so on. The term "reactive" or "regressive" alcoholic was applied to those cases where oral traits were less prominent and where there was evidence of anal character derivatives. Further, precipitating factors played a large part in cases of the second group.

III. In the psychoanalytic treatment it was found to be valuable to adopt a mildly indulgent, friendly attitude, with no criticism of or attempt to stop the drinking, thus meeting the patient at his own psychological level and gratifying his need within the limits of legitimate analytic affection.

FIFTH SCIENTIFIC SESSION

August 6. 9 a.m.

Chairman : Dr. István Hollós, Budapest.

1. Dr. Otto Fenichel (Prague). *The Economic Aspect of Pseudologia Phantastica.*

It is not only in the psychoses that we meet with attempts to deny unpleasant truths ('scotomization'). External perceptions which represent prohibited instinctual tendencies may be 'repressed' or falsified just like the ideational representatives of instinctual aims. In normal persons this can, of course, take place only to a limited extent. A characteristic instance of scotomization is the craving of children for a 'screen-experience' when an offensive perception and a tendency to repress are in conflict; an appropriate screen-idea enables repression to overcome the perception. Or the same conflict may result in obsessional doubts as to the accuracy of one's own perceptions. In the case of the screen-idea the formula is as follows: 'That is not true, but this is true.' In many of the

phantasies and games which serve the purpose of mastering overwhelming impressions there is a corresponding formula: 'Just as this is only phantasy, so that was not true either.' Absurd phantasies are not only a mocking comment on incredible assertions by other people, but are intended to refute the subject's own perceptions when they also are felt to be incredible. Introverts who live only in phantasy are people with a dread of real instinctual activity; their secondary aim is to re-establish contact with real objects, either in art—through the real influence which they exert upon objects by means of the products of their phantasy—or in 'joint day-dreams' in which they engage with someone similarly inhibited, thus securing a substitutive sexual gratification—or, finally, in pseudologia, in which they put forward their phantasies as real.

Pseudologia is motivated not only by revenge for false information, but also by the tendency which may be expressed as follows: 'If it is possible to influence other people by lies as well as by the truth, it is also possible that my memories are only lies.'

Helene Deutsch has shown that the content of pseudologias is made up of screen-memories, designed to conceal the truth. I would supplement her conclusions by saying that it is not merely a question of repressed memories breaking through in a disguised form, but also of an economic measure for maintaining repressions.

A case-history is cited which proves these relations in every particular. Pseudologia is the hysterical type of pathological lying. There is also an obsessional type in which the truth is departed from in certain details and thus made to fit in with some particular system.

2. Dr. Helene Deutsch (Boston). Certain Forms of Resistance.

The author selects and discusses certain types of resistance which she deals with in a longer paper on the subject.

I. Intellectual resistances, ranging from obsessional behaviour to the defence-reactions only mobilized in analysis. The phenomenon of forgetting analytic results even in analyses which have been carried to a successful conclusion.

II. The tendency to disparage psychical experience by translating it into reality.

III. Intuitive resistances.

3. Dr. Marjorie Brierley (London): Affects in Theory and Practice.

Freud from the first described mind as an apparatus for the regulation of psychic tension, but it is clear that he originally conceived this tension as feeling-tension rather than instinct-tension. In his writings conflict makes its appearance as conflict between emotionally charged ideas and only later does it emerge as conflict between impulses. These early ideomotor hypotheses represent the theoretical explanation of the dynamics of 'cure by catharsis.' With the development of metapsychology this

language of ideas and feelings has given place to a language of impulses, distribution of energies between psychic systems and interrelations between these. Affect-charges of ideas, for example, have become object-cathexes—but are these two expressions synonymous? The 'economic' viewpoint is reflected in modern accounts of the process of cure. Although, in practice, the clinical importance of affects is seldom underestimated, surprisingly little attention has been paid to the general theory of affects as distinct from the special problems of anxiety, until the last year or two. The present paper is an attempt to formulate more clearly some of the fundamental problems of affect and to estimate how far it is possible, to-day, to answer such questions as: What are affects? How are they related to instincts and to ego-systems? What is known of their genesis and *modus operandi*? How are affects modified? What is their rôle in development? How are they concerned in internal and external adaptation? How do they influence ego-organization and differentiation and the development of reality-sense? The answers to such questions would also explain the vital rôle of affects in the process of analysis.

4. Dr. Karl Landauer (Amsterdam). Theory of the Affects. (Affective Aims, Zones and Objects.)

The affectivity of adults only becomes comprehensible as the culmination of a long process of phylogenetic and ontogenetic development. The central point of this evolution consists in the affective paroxysms of young children, which Freud regards as inherited hysterical attacks, i.e. compromises between conflicting tendencies.

As affects, these compromises contain, in various degrees of fusion, such primitive reactions as those of withdrawal into the self, ejection and rigidity. As reactions to inner stimuli (proceeding from the instincts or the super-ego) they may embody the instinctual aims. Thus the aims of disgust are ejection and oral-erotic incorporation and of shame, scopophilia and exhibitionism, narcissism and withdrawal into the self.

Besides affective aims we must distinguish affective zones and objects. Primitive reactions call the whole self into activity without differentiation of parts. Since affects contain primitive reactions, the individual as a whole enters into them. Affects act as an integrating force. The predominance of one or another affective zone corresponds to the phases of libidinal development. This predominance is periodic, e.g. there may be a period of obstinacy or a period of anxiety. Each libidinal component instinct is associated with a single erotogenic zone, but with all the affects there is from the beginning at least one sensory and one motor affect-zone. Displacement from one zone to another occurs easily. The erotogenic significance of a given zone determines the nature of the affect, e.g. anal erotism determines obstinacy and oral erotism scorn.

At first the relation to the affective object is quite loose. The more

firmly individual libidinal tendencies attach themselves to particular objects, the stronger is the tendency of the affects to assume their final, libidized form, that is to say, to be transformed into passions. One of the principal affective objects is the subject's own ego.

5. Dr. Nicola Perotti (Rome). The Psychology of the Artist. (Read by Dr. Weiss.)

In the view of the writer the dictum that every artist is a narcissist is too superficial.

We see the artist, on the contrary, as an individual who can come right out of his own ego and identify himself with external reality, thus directing a large quantity of libido to the object. Without this capacity to love the world and mankind there can be no capacity for creative artistic work. Great artists like Dante, Goethe, Shakespeare and Beethoven do not strike us as narcissists but as men full of love for the world, as though their ego had taken all humanity into itself.

It is true that artists are also narcissists, but this is mainly in relation to their own creations, just as mothers concentrate their narcissism upon their children.

The artist's narcissism has undergone displacement, by means of identifications and introjections of objects, first on to the ideal and then on to his work of art. Thus the true artist must have a twofold gift: on the one hand he must be able to extravert his libido and to introject objects and, on the other hand, he must have the capacity for objectifying ideal images by giving them a concrete form. The artist's ego must be a kind of 'thoroughfare' for the outside world.

In this peculiar capacity to employ desexualized object-libido both in a centripetal and a centrifugal direction we recognize one of the most important characteristics in the psychology of the artist.

6. Dr. Ludwig Eidelberg (Vienna). Theoretical and Clinical Aspects of Pseudo-Identification.

The writer suggests that the term *pseudo-identification* should be used to describe a process in which patients avoid any difference of opinion with those around them by immediately assimilating themselves to them. They refrain from having an opinion of their own and accept with the utmost readiness that of the person with whom they happen to be at the moment. These patients themselves describe their attitude as a weakness of character, but they are proud of this weakness. Since they have only pretended to accept the opinions of others and do so only as long as the other people are present, they regard themselves as impervious to influence and independent. But analytic investigation shows that they have many conflicts.

In metapsychological terms pseudo-identification may be described thus: an id-derivative which is unconscious and incapable of entering

consciousness is projected on to an appropriate object and then perceived as belonging to that object. When this process has been successfully carried out, so that the subject's wish has become that of the object, the wish is accepted by the subject. He regards this acceptance as ostensible and superficial only ; it is a way of deceiving the object by assimilating oneself to him. Since external objects are not all alike and, moreover, the qualities which the patients assume are by no means the true qualities of their object, they find themselves involved in many external conflicts. What the patients do spare themselves by this mechanism is not the external, but the *internal* conflict. Instead of scrutinizing the id-derivatives with the conscious part of the ego and deciding to gratify, sublimate or reject them they project them on to objects in the outside world.

Distinction between pseudo-identification and hysterical identification.

Freud differentiates three kinds of identification, which he calls primary, total and partial. From another standpoint the identifications in which the subject assumes the characteristics of the object are distinguished in the present paper from those in which the subject endeavours to mould the object after his own image. The first type of identification we call autoplasmic, the second alloplastic.

SIXTH SCIENTIFIC SESSION

August 6. 3.30 p.m.

Chairman : Dr. S. J. R. de Monchy, Rotterdam.

1. Dr. Ernest Jones (London). Love and Morality : Some Character-Types.

Substitution of moral attitude for love. Importance of anal factors in this. Subsequent relation to super-ego. Resulting character-types.

2. Dr. René Spitz (Paris). Repetition, Rhythm and Boredom : Defence-Mechanisms and their Effects.

Young children have an insatiable passion for every kind of repetition. The reason for this is their dread of the unknown. Adults, on the contrary, reject the monotony of repetition ; they cannot endure it. Children leave the stage of repetition behind them at the age of about five.

Adults can tolerate repetition when in a state of intoxication or in relation to art. The reason why an intoxicated person can put up with it is that the psychic censorship is, for the time being, weakened. In art that which renders repetition tolerable is the value of the work of art.

Repetition begins with the infant's sucking his thumb and continues throughout the pregenital phases up to the phase of phallic masturbation. It is repudiated, together with the masturbation phantasies, in the period when the Œdipus complex is being resolved.

The character of the super-ego determines whether the repudiation of the phantasies is to be of the obsessional type, the defence being set up in

the sphere of thought, or of the hysterical type, in which the defence is set up in the physical sphere. Since it functions in both, repetition will be repudiated in the physical as well as in the psychic sphere.

The path followed by pathological regression corroborates our hypothesis about repetition: beginning with the moderately frequent repetitions of hysteria, in which regression is only superficial, the iterative activity tends to be multiplied as regression proceeds, until we arrive at the continuous repetition of the schizophrenic, who has regressed furthest of all. Sucklings and animals which have no super-ego have the same psychic organization as schizophrenics and repeat as they do.

Artistic repetition is the formal façade which conceals archaic, destructive and chaotic tendencies.

3. Dr. Ola Raknes (Oslo). Religion and Psychic Structure.

The basic fact of all religions is religious dualism, the dividing of all things into sacred and profane. Proceeding from this starting-point and drawing largely on ethnology, history and religious psychology for his material, the writer shewed in an earlier study that all the specifically religious elements in religion may be explained by certain characteristic experiences. Each of the various aspects of these experiences throws light on some religious activity or attitude. These experiences are generally described as mystical or ecstatic.

In the present paper the writer shews that, in all such ecstatic experiences, different psychic institutions encounter one another in consciousness, but in a dim 'mystical' state. There they modify or, in some cases, cancel one another. This view is in complete accordance with the conclusions arrived at by Helene Deutsch in her Innsbruck Congress paper, 1927. It follows from this assumption that ecstatic experience—and therefore religious experience and religion itself—is conditioned by a particular psychic structure with particular mental institutions bearing a particular relation to one another.

From our clinical analytic work we know how the psychic structure originates, namely, from the clash of innate and gradually developing instinctual impulses with external impressions and, above all, with the educational influences brought to bear on the individual. We know, too, how greatly the psychic structure changes when the repressions are lifted: as Freud says, 'Where id was, ego shall be.' This suggests the questions: could we by some new method of education develop in mankind such a psychic structure as to make religion in the historical sense of the word impossible? and, if so, would this be desirable?

4. Dr. Philip R. Lehrman (New York). Some Unconscious Factors in Homicide.

5. Dr. Thomas M. French (Chicago). Reality-Testing in Dreams.

It is a familiar fact that a dream will often anticipate a conflict-solution

that is realized in real life only after a considerable subsequent period of time and analysis. In some cases at least one can demonstrate that these anticipatory conflict-solutions are based upon a successful discrimination between infantile patterns and actual situations. In other words, these dreams achieve a bit of reality-testing of which the dreamer is as yet incapable in waking life. In view of our habitual assumption that one is better able to test reality when one is awake, this fact seems paradoxical. This paper is an attempt to find an economic explanation of this seeming paradox.

6. Dr. F. Perls (Johannesburg). The Theory of Oral Resistances.

SEVENTH SCIENTIFIC SESSION

August 7. 9 a.m.

Chairman : Dr. Philipp Sarasin, Basle.

1. Dr. Jeanne Lampl-de Groot (Vienna). Masochism and Narcissism.

In a footnote to 'Inhibition and Narcissism'² I drew attention to the ætiological connection between masturbation-phantasies and narcissistic mortification. The purpose of the present paper is to discuss this relation further and to illustrate by means of clinical material some of the conditions which give rise to masochistic behaviour.

Some people find it easier to bear anxiety, the sense of guilt and self-torment than to admit any insufficiency in their personality. The phantasy, 'My penis has been taken away as a punishment for masturbation' is more endurable to little girls than the idea, 'I have never had and never shall have a penis'. Masochistic beating-phantasies are more readily accepted by the ego than the idea 'I shall never be loved'.

The writer attempts to show how it is that a masochistic attitude may be an insurance against the disturbance of instinctual equilibrium which results from narcissistic mortification.

2. Dr. Michael Bálint (Budapest). Eros and Aphrodite (an attempt to differentiate genitality).

The theory of the sexual instinct before Freud. *Drei Abhandlungen*. Over-determination of the denial of infantile sexuality. Fore-pleasure and end-pleasure. Anxiety and orgasm. All sexual functions are imposed upon the originally sexless soma. Childhood, puberty, maturity and old age as phases of genitality. Extragenital erotism continues throughout life and is often sexless. Genitality rises and wanes; it is conditioned by bisexuality.

The final act of every perversion. Why is genitality not a perversion? Genitality alone has its special executive organ.

² *Internationale Zeitschrift für Psychoanalyse*, Bd. XXII, 1936.

The two types of libidinal excitation. Play and earnest in psycho-sexuality. The first genital-orgastic experience. Genitality and individuality.

Is passion primary? Erotism, orgasm and love. Male and female. Eros and Aphrodite.

3. Dr. Grete Bibring-Lehner (Vienna). A Function of Masochism.

The writer illustrates by means of clinical examples the use of masochistic phantasies as a defence against actual instinctual impulses from various sources. For instance, masochism serves to disguise and at the same time to gratify sadistic tendencies.

Discussion of the conditions which make masochistic phantasies suitable for this purpose.

Part played by the sense of guilt.

The bid for sympathy.

Magical influence through suffering.

The relation of this notion to some general problems of masochism and the perversions.

4. Dr. M. Levy-Suhl (Amersfoort). Biological Reflections [on] the Horror of Incest and on Narcissistic and Object-Libido.

I. *The Horror of Incest and In-breeding*. The anxiety of the human infant when it is being expelled through the vagina serves a vital biological purpose, quite apart from its psychological content. Similarly, without detracting from its deep psychological significance, we attribute a definite biological importance to the horror of incest. The expulsion of young bullocks from a herd, no less than the totemistic and œdipal incest-barriers, results largely in *exogamy* and provides the occasion and opportunity for unpredictable variations in the blending of stock and the creation of new species. This is one of the chief forces which counteracts in-breeding—the biological effect of incest.

II. *Avoidance of Incest in the Vegetable Kingdom*. Wherever sexual propagation is the rule (i.e. the union of so-called male and female cells), the possibility of in-breeding is theoretically very great. In practice, however, there are delicate devices of nature and 'intelligent' adaptations to the functions of insects and wind which prevent self-fertilization and promote exogamous reproduction with countless cells belonging to other members of the species.

III. *Heteroplastic and Autoplastic Propagation*. We see in this the expression of a universal natural tendency, the principle of heteroplastic reproduction, the meaning of which can only be the ceaseless creative attempts at blending of species, of the fantastic nature of which we have paleontological evidence in the flora and fauna now extinct. Heteroplastic reproduction is contrasted with the older and more primitive endogamous or autoplastic type, which takes place by means of the

division of the individual organism into two or more parts (death) or by expulsion of the germ-cells (parthenogenesis).

IV. *Regressive Phenomena*. Experiments made with some primitive organisms (Loeb's starfish), as well as some natural phenomena, e.g. in bees, show that certain environmental changes result in the disappearance of normal heteroplastic reproduction.

5. Dr. Fanny Hann-Kende (Budapest). An Experiment in Economizing Time in Psycho-Analytic Treatment.

An account of two cases successfully treated at the Budapest Polyclinic. (1. A case of melancholia, treated two or three times a week. 2. A case of obsessional character with anxiety-states, treated once a week.) Ways in which the method adopted resembled or differed from the usual psychoanalytic procedure.

6. Dr. László Révész (Budapest). The Analytic Trance.

Effect upon the analytic situation of the deep trance which sometimes occurs during analysis. Conditioning factors and nature of this trance.

Material produced in spontaneous trance—its value.

Ego-regressions in the trance-state.

Premature identifications are premature genital object-relations. Fixation of the primitive ego.

Technique by which trance-material may be utilized.

Therapeutic possibilities and how to account for them theoretically.

7. Dr. Emilio Servadio (Rome). Processes of Identification and Conversion Phenomena in a Mediumistic Clairvoyante.

The writer took part in a number of séances with a female medium and came to the conclusion that she occasionally gave indications of a capacity for paranormal knowledge. In most cases, however, the problems this medium presented were not so much parapsychological as psychological and psychopathological. As it was impossible to subject her to a regular analysis, the most that could be done was to study the following points :

- (a) Some typical processes in the mediumistic trance.
- (b) The condition of the ego during the trance.
- (c) The mechanism by means of which the medium identified herself now with one and now with another 'trance-personality', whose existence had been real or (probably) imaginary.
- (d) The temporary formation of different parasitic super-egos.
- (e) The opportunity provided by the trance for the expression of unconscious and generally repressed impulses, most of which were felt to be alien to the ego and to belong to a trance-personality.
- (f) Conversion phenomena in which such repressed tendencies manifested themselves.

Without having arrived at any conclusions of a general nature, the writer formed the opinion that this line of study may be of great use in

increasing our knowledge of the many and complicated parapsychological phenomena by the application to them of psycho-analytical criteria.

EIGHTH SCIENTIFIC SESSION

August 7. 3.30 p.m.

Chairman : Dr. Thomas M. French, Chicago.

1. Dr. Otto Sperling (Vienna). Appersonation and Eccentricity.

I propose to differentiate a number of psychic processes which have hitherto been regarded as modes of identification and to apply to them the term *appersonation*, by which I mean the attribution of the subject's own personality to something which belongs to the external world. The ego-feeling extends to the appersonated object (the *appersonatum*) and stimuli experienced by it are perceived as experienced by the self. For instance, a schizophrenic complained, when he tore his shirt, 'I have got torn'.

Appersonation may take place in reference not only to clothes, ornaments, animals, the subject's house and possessions in general but also to those around him, to God and the whole world. 'Inasmuch as ye have done it to the least of these my brethren, ye have done it unto me.' The ego enlarges its boundaries but its essential being and character remain unchanged. In identification, on the contrary, a change takes place in the personality, whilst the ego remains within the circumference of its real boundaries. Appersonation has its source in the child's wish to be grown-up, but, apart from this, it fulfils the most varied demands of the id and the super-ego. It plays a part in the motivation of the borrowed sense of guilt, the narcissistic love-choice, national feeling, sympathy, mystical ecstasy, 'oceanic' feeling, and the feeling for nature. Psychotics accept appersonations at their face-value, but in normal people they are subject to correction, although they affect the distribution of narcissistic libido. One of the *appersonata* may be cathected with so much narcissistic libido that the ego-centre is displaced to it from the self (eccentricity). Relations of this type are distinguished from object-love by the subject's more imperfect grasp of reality or lack of understanding of the psychic life of the *appersonatum*. Examples from the psychology of parents, collectors and scientists.

2. Dr. Otto Isakower (Vienna). Depersonalization resulting from Reversion to an Early Phase of Ego-Development.

The author describes certain disturbances in ego-feeling which are accompanied by specific phenomena, some of an hallucinatory character. In particular, a change may take place in the individual's perception of the external world.

The relation of these phenomena to the psychology of depersonalization and to the experience of 'the end of the world' being shewn, an attempt

is made to show the connection between them and the processes of conversion, projection and introjection. In conclusion, the phenomena described are traced to a very early phase in ego-development and an attempt made to define this phase more exactly.

3. Dr. M. Katan (Hague). Points of Resemblance in the Delusional Mechanisms of Schizophrenia and Melancholia.

The close relation between the pre-psychotic and the psychotic phase is exhibited in the fact that in the delusions of schizophrenia the chief part is played by the same conflict as in the pre-psychotic phase. In the latter the ego had failed to surmount the danger associated with this conflict and for that reason has given up its relations with reality.

The dangerous situation is now mastered in a 'delusional' manner.

In the attempts at recovery the idea of danger, formerly abandoned, is re-catheted, but, as we know from Freud's writings, cathexis is effected in relation to the idea of words only and not of things. The usual methods of defence can no longer be employed. Even where the ego is largely disintegrated recovery is still attempted, but instead of the old form of defence, projection takes its place. The function of projection may be itself regarded as an attempt at restitution.

Viewed from this standpoint two forms of projection can be distinguished :

The neurotic type, in which projection occurs side by side with other familiar forms of defence. Here projection is 'only' a regression within the ego.

The psychotic type, which cannot then be explained merely as regression ; in the attempt at recovery it is employed to establish a new connection with the delusional outside world.

Delusion may be defined as follows : an attempt to surmount anew the pre-psychotic danger which was the occasion of the severing of relations with the outside world.

If this definition is generally valid, it can be applied also to the mechanism of melancholia.

In the opinion of the writer there are in melancholia two mechanisms, superimposed one upon the other—a neurotic mechanism, which has been already described and is the more dangerous from the point of view of suicide, and a psychotic mechanism.

The dangerous situation is reproduced when an external object is set up within the super-ego ; the danger manifests itself in the tension between super-ego and ego. To avert the danger of suicide the alien object is now set up within the ego also. The ego can now retort to the super-ego, ' You need not hate me ; the object is not dead, for I am the object '.

4. Dr. John Rickman (London). The Need for God : a Study of Quaker Beliefs.

The Quakers have no priests, ritual or creed ; their central religious belief is that God—in the rather impersonal form of the ' Inner Light '—dwells perpetually in everybody ; war (or any murder) is an attack on ' the God within ' and the Civil Oath binds the God sworn by as much as the person sworn, therefore war and the oath are proscribed ; the Quaker habit of life is ascetic. The sect began by the aggregation of individuals who had not found satisfaction elsewhere, and has been thus recruited for 250 years. These features are not easily explained or co-ordinated by theories of the Primal Father (Freud) or the influence of the mother's activity on the child's conception of the primal scene (Roheim—Ferenczi) but are clarified by more recent work on the child's early object-relationships (Klein).

' The Inner Light ' lifts the believer out of loneliness and lovelessness, misery and degradation, and offers him ' complete fulfilment ' of life ; it is a defence against inner desolation and a source of power in restitutive activity (cf. Quaker relief work). The avoidance of aggression is enjoined lest the ' good object ' (' the indwelling God ') be injured, and joy at the perception of God's living presence within is a reassurance that the God is not moribund or dead. The death of the God thus plays a part in Quakerism too, but as an organ or substance rather than as a father-figure. The nature of their worship (a silent waiting for the stirring of the God within) reveals the dread of activity (lest in the unconscious phantasy the God should be injured) and the joy at any sign of God's living presence discloses the reassurance felt that the unconscious hostile wishes have not been omnipotent, and the introjected good object has not been destroyed by the subject's own sadism.

The restitutive tendency—making good what has been destroyed in (unconscious) phantasy at the phase of maximal sadism—finds expression in *endogamy*, i.e. to give back to the mother what she has been deprived of in phantasy—the father's penis or semen which has been stolen from him and incorporated within the self. Indeed the incestuous impulse generally may derive much of its strength from this compulsively restitutive motive ; the impulses towards ex- and end-ogamy can be thus related to the Œdipus Complex according to the degree of organization of the object (whole object in the former, part-object in the latter) and the degree to which restitution influences recovery from the despair evoked by the early sadistic phantasies.

Almost all sects have periodic festivals and rites, the Quakers ' make of every meal a sacrament ' ; there are no Holy Days, for all must be holy. The indwelling God is always available and there is no need for the interposition of priest or ritual, but only an opening of the heart to make Divine Power available for renewal of strength and redemption from sin. This perpetual and complete dependence on God is related to the despair resulting from impulses of destruction directed against the good object

and the need for never-resting vigilance against them. In these circumstances the only joy which can be experienced is that a good thing is being *saved* from destruction, rather than any *pleasure* in the object itself.

BUSINESS MEETING

Wednesday, August 5, 1936. 9 a.m.

Chairman : Dr. Ernest Jones.

Members of the Executive Present : Dr. Eitingon, Fräulein Anna Freud, Dr. Glover, Dr. Oberndorf, Dr. van Ophuijsen, Dr. Sarasin.

I. REPORT OF THE CENTRAL EXECUTIVE

Dr. Ernest Jones read the following Report :

' The past two years have been in many respects anxious ones for us. On the other hand, there have been welcome signs of greater unity and desire for co-operation than at the time of the Lucerne Congress. If I could permit myself to think that this has been to any extent stimulated by the urgent appeal I launched on the occasion of that Congress, I should feel profoundly glad and grateful. The growth of the Association has been continuous and it will interest you to know that we now possess about a hundred more members than at the time of the Lucerne Congress.

' I will now consider our various branches in alphabetical order. In America the situation is much clearer. The sub-committee charged with formulating the new constitution of the American Federation of Psycho-Analytical Societies have worked hard and successfully. They submitted three drafts to me and very courteously accepted the suggestions I felt impelled to make concerning them. The final draft of the new Association was accepted by a joint meeting of the four constituent Societies at a meeting in Boston on December 28, 1935, and it has also received the approval of our Central Executive. I shall presently submit it to you for your final ratification. Our American colleagues have elected Dr. Oberndorf as President of the Federation and Dr. Brill as Honorary President. We consider that, in accordance with the wish thus implied by the Americans, both these gentlemen should function as members of the Central Executive. A special section on Psycho-Analysis has been formed in the American Psychiatric Association. I may mention here that Professor Freud has recently been elected an Honorary Member of the American Psychiatric Association and of the New York Neurological Society.

' The Boston Society is progressing favourably and has been strengthened by the accession of Dr. Helene Deutsch. The Chicago Society has also been reinforced by Professor Slight of Montreal—the only Canadian psycho-analyst. A feature of this Society is the travelling zeal of its widely distributed members, several of whom—including the last President

—travel a thousand miles for the fortnightly meetings. The membership conditions in Chicago are specially strict, so that the number of full members grows only slowly. From New York the chief news has been the resignation of Dr. Brill from the office of President. He has filled this difficult position successfully for so many years that the change is an eventful one in the life of the New York Society, and I am sure I shall be interpreting the wishes of this meeting when I say that the whole world of psycho-analysis is grateful to Dr. Brill for the unforgettable devotion he has shown in its service. He has been succeeded by Dr. Lewin, and we can surely congratulate the New York Society on the excellence of its choice. In the past few years, as you know, that Society has been strengthened by the accession of several well-known European analysts, including Drs. Horney, Nunberg, Rado and Wittels. Their latest recruit is no less a person than Dr. van Ophuijsen, to whom we wish all success in his new career. We had hoped to secure him as a member of the British Society when he went to Johannesburg, but that was not to be. The Washington-Baltimore Society has been especially active in training candidates and is co-operating with the Washington School of Psychiatry to that end. The details of that arrangement are the concern of the International Training Commission rather than of this meeting, and we need only wish the new enterprise every success. Dr. Frieda Fromm-Reichmann has joined this Society and I am glad to note that the confusing overlapping in the membership lists of the New York and Washington Societies has been remedied. In Los Angeles a small group has developed under the leadership of Dr. Simmel, and we hope it will form the nucleus of a new society on the Pacific coast. Interest in psycho-analysis is rapidly extending in America and we may expect the formation of groups in Cleveland, Detroit and Philadelphia before very long.

‘The British Society has as usual little to report beyond scientific work. The most interesting event has been the inauguration of exchange lectures between London and Vienna. So far there have been three of these. I gave the first, in Vienna, my visit being returned by one from Dr. Wlder to London, and his by one from Mrs. Riviere to Vienna. We have grounds to hope that this system, if persisted in, will prove of very considerable value in comparing and codifying the research that is being carried out in these two important centres and in providing free opportunity for discussing any divergent conclusions. After ten years of work in that position I have resigned the Directorship of the London Clinic of Psycho-Analysis, being succeeded by Dr. Glover, whose former position of Assistant Director is being filled by Dr. Stoddart. The immigration from Germany has continued and we have now some fifteen or sixteen analysts from that country. Some of them are overflowing from London into the larger provincial towns of England and will doubtless form nuclei there of

Study Groups. The small group in Johannesburg is prospering, though its progress was hindered by the severe illness of its president, Dr. Wulff Sachs. On the occasion of his eightieth birthday Professor Freud was elected an Honorary Fellow of the Royal Society of Medicine, an Honorary Member of the Royal Medico-Psychological Association and, above all, a Foreign Fellow of the Royal Society itself, perhaps the most jealously coveted honour in the world of science. I do not think that anyone, either at home or abroad, had previously been made a Fellow of the Royal Society for work in Psychology, though three psychologists had received the honour for work in allied fields. The first branch of psychology, therefore, to be recognized by the Royal Society as truly scientific has been psycho-analysis, an event of profound interest to us all.

'The Danish-Norwegian Society is making good progress, although it has to report the loss of its secretary, Dr. Fenichel, who removed to Prague a year ago. The Society now has ten members.

'The Dutch Societies have worked steadily and have shewn many signs of co-operating with each other. A Sub-Committee, consisting of Drs. Katan, Versteeg and Westerman-Holstijn, is at present investigating whether the time has yet come to effect a re-union of the two societies, which we must all hope will soon prove possible. The committee has not yet issued its final report.

'There is little to report of the Finnish-Swedish Society and we regret Dr. Tamm's absence from the Congress.

'Work in the French Society and its *Institut de Psychanalyse* has continued unremittingly. The President, Dr. Pichon, has published an interesting book on childhood development, and French translations have appeared of the *Fünf Vorlesungen* and the *Neue Vorlesungen*. Last Easter the Tenth *Conférence Annuelle des psychanalystes de langue française* was held at Nyon, when an interesting discussion took place on the relations between neurosis and the family, the rapporteurs being Dr. Laforgue and Dr. Leuba. Of the three psychiatrists appointed by the French Government to deal with psychological problems in prison work one, Dr. Schiff, is a member of the French Psycho-Analytical Society.

'The difficulties of the German Society have, as was to be expected, continued, though they are at least becoming more defined. I have been able to remain in constant touch with the officials of the Society and have paid them two visits for the purpose of discussing their problems. Two important events have taken place there this year, the necessity of which we deeply deplore. In January the situation was such that it was necessary for all the Jewish members to resign their membership of the Society. This is the first time, and we all pray it may be the last, that such arbitrary considerations have forced themselves into the scientific field of psycho-analysis. Last month it was ordained that the German Society had to

become a section of the *Deutsche Institut für Seelenkunde und Psychotherapie*. There they retain their autonomy both scientifically and educationally by the side of other forms of psychotherapy, and we hope they may continue to do so.

' In Hungary, in addition to the regular active work of the Society, there are three special features of interest. One is the extension of interest from Budapest to other towns. In one of these, Békés Csaba, the interest in analysis is so lively that an informal group, in contact with the main Society, has been constituted. Secondly, there has been great activity in the direction of child analysis and analytical pedagogy. Thirdly, we note that the Hungarian Society is making determined and successful efforts to emerge from its relative isolation and, by means of exchange lectures and in other ways, to forge contacts with analysts elsewhere. Naturally this applies most of all to the Vienna Society, and the regular contact between Budapest and Vienna would appear to be closer than at any previous period.

' The Indian and Japanese Societies have little to report. A special meeting was held in Calcutta to celebrate Professor Freud's eightieth birthday.

' The Italian Society suffered a serious set-back in the political suppression of its official organ, the *Rivista Italiana di Psicoanalisi*. Professor Levi-Bianchini, however, whom I met only last week, assures me that there is ample opportunity for publication in his *Rivista di Psichiatria*. Otherwise the Italian Society has made continued progress and has formally applied for admission to the International Association. The Central Executive considers that this request should now be granted.

' Palestine sends us a good report. The membership list has risen from six to eleven and the interest in psycho-analysis is spreading in the country. As was to be expected, Professor Freud's eightieth birthday was extensively celebrated, by lectures, radio talks and newspaper articles. The racial disturbances have prevented any meeting of the Society since March, but it is hoped to resume collaborative work in the autumn.

' From Russia there is again no direct news, but the signs of beginning tolerance for science in that country allow one to hope that psycho-analytic work also may be resumed there. This hope is confirmed by a recent visit of Dr. Lehrman of New York to Miss Vera Schmidt of Moscow, from which we learn that, although very little analytic practice is carried on there, nevertheless a group of fifteen meet regularly to discuss analytical questions.

' In Switzerland there is little new. Meetings take place once a month in various parts of the country. Dr. Meng, now stationed in Basle, is especially active there in the analytic pedagogic field, and has delivered a course of lectures at the University of Zürich. Dr. Oberholzer has just

sent me an application from the "Schweizerische Gesellschaft für ärztliche Psychoanalyse" for membership of the International Association. The Central Executive, however, think it better not to deal with this at the Congress and have instructed me to initiate direct communication between the two groups in Switzerland. As I have indicated, there has been no opportunity of investigating the present position, and I hope to do so myself when in Switzerland next month.

' We come last to the first of all our Societies, that of Vienna. The outstanding event was certainly the establishing in the famous Berggasse of the new and specially arranged premises, which I had the honour of declaring open on the occasion of Professor Freud's eightieth birthday. At last there exists a worthy centre for the Society, the clinical and training work, and—last but not least—the *Verlag*. About the *Verlag* itself I say nothing at the moment, since it appears at another place on our agenda. A remarkable and very appropriate development in Vienna has been its function as a "Zentralstelle" for maintaining steady contact with other societies. This has naturally been most active with its daughter society in Prague. There have been no fewer than sixteen papers read in Prague by members of the Vienna Society and three in Vienna by those of the Prague group. I may mention here that a Czech translation of the *Vorlesungen* has appeared recently. Two members of the Dutch Society have read papers in Vienna and two of the Vienna Society in Holland. Of the interchange between London and Vienna I have spoken earlier. An interchange has also taken place between Budapest and Vienna, and no fewer than ten Hungarian child analysts are regularly attending the Vienna Kinderseminar. This activity reached a high point in the Four Countries Conference held in Vienna in June, 1935, when fruitful discussions took place among analysts from Budapest, Prague, Rome and Vienna. The Vienna Society has sustained a severe loss in the emigration of Dr. Helene Deutsch, the Director of its Institute.

' I have only one analytical Society to propose for admission into the Association, the Italian, but there is encouraging news of fresh developments which will surely lead in time to the formation of new Societies. At the last Congress we were concerned with the extension of interest in psycho-analysis in the North of Europe. This time I have to report a similar extension towards the East. The striking progress in Czecho-Slovakia we have already noted, and we may hope that the impetus given by our visit to that country will soon result in an application for admission of a branch society there. We have had witness at this congress of the interesting work being done in Warsaw, and Dr. Bychowski informs me that there is there already an informal Study Group of five members, which we hope will soon become affiliated to one of our branch Societies. In Yugo-Slavia one of our colleagues, Dr. Sugar, who has been in practice

in Subotica, is about to remove to Belgrade, where he will establish a Training Centre. He tells me of translations being effected into Serbian and also into Bulgarian. Roumania has also an analyst in the person of Dr. Winnik, who has to encounter the usual difficulty in a new country where the difference between psycho-analysis and other forms of psychotherapy is not yet known. Frau Weigert-Vowinckel is acting as a Training Analyst in Angora and has succeeded in interesting many Turkish physicians in psycho-analysis. Then, although there are, I think, no recognized analysts in those countries, I hear of active so-called psycho-analytical societies in Belgium and in Greece, the latter of which would appear to be especially enterprising in its propaganda.

'I can remember the time when the death of a psycho-analyst was a rare and unexpected event. Now our membership list is so large that we have to reckon with a regular death-roll. This time it is not so heavy as on the last occasion, but it is heavy enough. Soon after the Lucerne Congress we were grieved to learn of the death of the organizing secretary of that Congress, Dr. Hans von Eschenburg. He was a most promising analyst and a lovable personality who is greatly missed.

'The other losses occurred in English-speaking countries. Foremost among them was the death of Dr. M. D. Eder, one of the original members and first secretary of the British Society. The removal of his loved and respected figure leaves a gap in our Society, and the feeling of gratitude for his ever-active helpfulness has given rise far beyond our ranks to the desire to perpetuate his memory in a tangible and appropriate form. I was instructed to discuss the proposal with various leaders of Zionism, to the cause of which Dr. Eder had shown great devotion, and it was decided to appeal for funds to establish in his name a psychological library in the Hebrew University in Jerusalem. As one of the founders and governors of that university, Dr. Eder would beyond doubt have been gratified at such an undertaking, and I shall feel confident of success when I issue this appeal in the autumn.

'The New York Society has lost three members. Dr. H. W. Frink, an original member of the Society, was at one time one of the most distinguished analysts in America, and his work "*Morbid Fears and Compulsions*" remains one of the most valuable in the English literature on psycho-analysis. Dr. Williams Spring was one of the most promising of the younger members. Dr. Joseph Asch, a urologist, had made a number of useful contributions to psycho-analysis from his special field.

'Boston sustained a heavy loss in the person of Dr. William Hermann, a brilliant man who was one of the founders of its Society.

'I will ask you to rise as an expression of your respect for these colleagues, whose loss we deplore.'

Dr. Jones then read the following telegram from Professor Freud in

reply to a greeting he had despatched to him from the Congress : ' Danke, dass Sie meiner gedacht haben. Grüsse an Freunde und Mitarbeiter. Im Alter derselbe Freud.' The telegram was greeted with applause.

It was resolved to omit the reading of the Minutes of the last Business Meeting, since they had already been printed in the official publications. The President stated that the protest of Dr. Federn had unfortunately been omitted from these Minutes. The protest runs as follows :—

1. The President, Dr. Eitingon, caused certain important points to be put to the vote that had not appeared upon the agenda. In this he had been influenced by the authority of the Secretary, Dr. Rado, who submitted the reports and announced the proposals.

2. The I.T.C., although a Committee of the I.P.A., arbitrarily and on its own authority made alterations in its organization, its composition and the scope of its work. The I.T.C. is entitled to vote only on *resolutions* submitted to Congress or to the Societies.

After this modification the minutes of the last Congress were passed by the meeting.

II. ADMISSION OF NEW SOCIETIES.

The meeting approved by acclamation the admission of the Italian Psycho-Analytical Society to the I.P.A.

An application for admission to the International Psycho-Analytical Association was made by the Swiss Society of Medical Psycho-analysts. The President was instructed to investigate the local situation and the possibility of union between the two Swiss Societies.

A long debate took place on the question of approving the Statutes of the new American Psycho-Analytic Association, which the President initiated with the following remarks :

' In asking you now to ratify the Statutes of the new American Psycho-Analytic Association, I would point out for the sake of clearness :

' (1) That the American Association will no longer be a branch Society of the International Association, since it will contain no members other than members of its constituent branch Societies ; these branch Societies retain of course the same status as before in respect of the International Association, identical with that of the British, French and other societies.

' (2) That a main function of the new Association is the investigation of new Societies in the United States. No new Society will be qualified for acceptance by either the American Association or the International Association until the recommendation of the former has been ratified by the latter.

' (3) That another important function is to assist the International Training Commission in maintaining general contact among the various Training Committees and Institutes. Like the latter, however, it acts here in a purely advisory capacity.'

The following members spoke: Fräulein Anna Freud, Drs. van Ophuijsen, Nunberg, Federn, Brill, Bálint, Hans Sachs, Raknes, Loewenstein, Oberndorf, French and Bibring.

The Statutes of the American Psycho-Analytical Association submitted to Congress were approved and ratified.

The further resolution was carried with three dissentients: 'Any resolution passed by the Congress relating especially to America is subject to veto at the next meeting of the American Psycho-Analytic Association'.

III. REPORT OF THE GENERAL TREASURER

The General Treasurer submitted the financial report. He stated that the income of the I.P.A. during the period covered by the report amounted to 6,596.42 Sw. Frs., and the expenditure to 6,219.56 Sw. Frs. Including a balance on October 15, 1934, of 2,832.64 Sw. Frs. the funds standing to the credit of the I.P.A. on July 30, 1936, amounted to 3,209.50 Sw. Frs. It was resolved at the suggestion of the Treasurer to reduce the interest on the loan made to the *Verlag* from 7 to 3½ per cent. per annum. It was decided that the rate of subscription should remain the same as before, also that each Society should make itself responsible for the payment to the General Treasurer of all subscriptions due from its Members and Associate Members, such direct payment to be made *not later than July 1* in each year.

The General Treasurer's report was accepted with applause and the meeting expressed its thanks to Dr. Sarasin for his services.

IV. REPORT OF THE PRESIDENT OF THE INTERNATIONAL TRAINING COMMISSION

Dr. Eitingon proposed certain changes in the Statutes governing the I.T.C. (see Section VII). These were passed unanimously.

Dr. Eitingon announced that during the period covered by the report Dr. Rado had resigned his position as Secretary of the I.T.C. A proposal communicated by Dr. Rado that the I.T.C. should be divested of all plenary powers and should in future be a Sub-Committee of Congress without Statutory powers, having only the function of discussing matters relating to training, was unanimously rejected.

V. VERLAG COMMITTEE

At the request of the President, Dr. Martin Freud submitted the report of the *Verlag* as follows:

'The scheme to clear the *Verlag* from debt, inaugurated by the Wiesbaden Congress, was completed by the date of the Lucerne Congress. In the detailed report, audited by Dr. Sarasin, I stated the amount of the contributions from individual groups, and the uses to which they were put.

'Subsequently, i.e. after June 30, 1934, further donations were made to the *Verlag* Fund, especially from the London and Vienna groups. In

addition, Dr. Jackson has made during the last two years substantial contributions to cover the deficit on working expenses, and thus ensured the continuation of the *Verlag's* activities. The *Verlag* also received gifts for special purposes, such as the production of books (Dr. Sachs, *Menschenkenntnis*; Dr. Sterba, *Handwörterbuch der Psychoanalyse*), and finally considerable contributions were made by Princess Marie Bonaparte and Dr. Brill (*viâ* Professor Freud) to make good the loss resulting from the confiscations in Germany.

' We publish below the contributions made between June 30, 1934, and July 31, 1936. Money given for special objects was allotted accordingly; the remaining contributions were used to cover the deficit.

A. Contribution towards the Deficit

				Sch.
1934.	Aug. 10.	Vienna Society	. . .	30
	" 31.	" "	. . .	325
	Oct. 10.	British "	. £12 =	316.10
	" 16.	Vienna "	. . .	650
	" 30.	British "	. £30 =	792
	Dec. 31.	" "	. £14 =	366.83
1935.	Feb. 15.	Donation (Dr. Jackson)	\$2,000 =	10,520
	May 15.	British Society	£4 10 0 =	112
	Oct. 12.	Donation (Dr. Sachs)	\$10 =	49.51
	Dec. 18.	" (Dr. Jackson)	\$2,000 =	10,637.67
				Sch. 23,799.11

B. Contributions for Special Objects

1935.	Oct. 20.	Donation (Dr. Sachs). Cost of publication of <i>Menschenkenntnis</i>	Sch.
			1,500
	Mar. 6.	Contribution of I.P.A. towards the <i>Handwörterbuch der Psychoanalyse</i>	 1,749.28
	Mar. 18.	Donation for the same (Dr. Jackson)	 1,300 = 4,549.28
			Sch. 28,348.39

C. Contributions to Cover Losses through the Confiscation

1936.	April 7.	Donation (Princess Marie Bona- Sch.	
		parte)	2,000
	July 6.	Placed at the disposal of the	
		<i>Verlag</i> by Professor Freud, from	
		a present made him by Dr. Brill	
		on his 80th birthday . . .	5,290 = 7,290
			Sch. 35,638.39

Business Development

' The financial reconstruction of the *Verlag*, agreed upon at Wiesbaden, was made on the supposition that the conditions of foreign business would remain normal. This expectation has unfortunately been disappointed. In 1933, before the changes in the German "Kulturgemeinschaft" became so drastic, I did actually succeed in ending the year without a deficit. By 1934, however, this was no longer possible; the expenses for that year amounted to 148,000 Austrian schillings and the income to 129,000. The deficit therefore was approximately 19,000 schillings. In 1935 I managed to reduce the expenses, but the takings fell off simultaneously, so that 1935 closed with a deficit of about 23,000 schillings.

' It is obviously premature to make any prognosis for 1936. This year the *Verlag* sustained a heavy blow by the confiscation for four months of our entire stock of books in Germany, and by the restrictions on business transactions imposed by the legal limit of ten Marks a month. The *Verlag* will thus lose almost all its German subscribers, and books will only be supplied to Germany in isolated cases.

' It will be seen that the *Verlag* was dependent on Germany for 75 per cent. of its sales. If this were still the case, there would to-day be no alternative to immediate liquidation. I was, however, able to ascertain by the statistics that in January, 1936, only a quarter of our sales in books and periodicals were made in Germany, and against this we must take into consideration the fact that the loss we must anticipate on books and periodicals will not exceed a quarter of our former turnover. In other countries our sales have not dropped during the last few years, if anything they have improved. If the figures for the sales in 1936 are not appreciably below Sch. 100,000, it should be possible, with the addition of perhaps \$2,000-3,000, to carry on the business activities of the *Verlag* as before.

' The principal books published by the *Verlag* since the date of the Lucerne Congress are :

Sigm. Freud : *Selbstdarstellung* (Zweite erweiterte Auflage).

Bergler : *Napoleon, Talleyrand, Stendhal, Grabbe*.

Lowtzky : *Sören Kierkegaard*.

Sachs : *Zur Menschenkenntnis*.

Groddeck : *Das Buch vom Es*.

Anna Freud : *Das Ich und die Abwehrmechanismen*.

Sterba : *Handwörterbuch der Psychoanalyse*.

Almanach der Psychoanalyse, 1935 ; Almanach der Psychoanalyse, 1936.

' In addition, a large number of translations of *Verlag* books, principally those of Professor Freud, have appeared in the same period.

' On March 24, 1936, we heard from our agent in Leipzig (Volckmar) that a large number of our publications had been seized by the police. A

few days later he informed us by telephone that the entire stock had been confiscated and the sale of our books forbidden in Germany. I communicated with the members of the *Verlag* Committee and asked the heads of the various societies to get their diplomatic representatives to intervene on behalf of the books. We heard that the whole stock was to be destroyed, and the newspapers reported (wrongly) that this had already been done. Actually England, France and the United States did make diplomatic representations and the Austrian Government also intervened.

'Eventually on July 8, 1936, all the confiscated books were released, probably as the result of the political and economic truce between Germany and Austria, which had then just come into being. Immediately after the release I withdrew the most valuable books from Germany.'

The report was adopted amidst applause. The President thanked Dr. Martin Freud for his 'remarkable and useful activity'.

Dr. Jones then brought the following proposal forward :

*Foundation of an International Centre for Psycho-Analytical
Bibliography*

It is proposed to create an International Centre for Psycho-Analytical Bibliography, in connection with the *Verlag*. In the opinion of Dr. Jones such an institution would prove exceedingly valuable for the scientific work of members of the I.P.A. It is suggested that the Centre should supply information on psycho-analytic literature not only to members of the I.P.A. but to non-members. Hitherto the *Verlag* has often supplied such information free of charge. It is proposed that in future a fee should be charged, in proportion to the ground covered by the inquiry and the difficulty experienced in obtaining the information. The organization of such a centre will cost money, and it cannot be assumed that money will at once come in, in the shape of fees for information supplied. It is therefore proposed that the various Societies of the I.P.A. should support the Centre by contributions, and it is suggested that each member should contribute five dollars a year. Dr. Jones requested those present to express their opinion on the project and to inform the meeting of the attitude likely to be taken by the different Societies.

In speaking to this proposal Fräulein Anna Freud emphasized the fact that it was an undignified position for any institution so closely bound up with the I.P.A. as is the *Verlag* to be dependent on chance contributions and the goodwill of individuals. It was therefore a matter of great importance if the pecuniary basis of the *Verlag* could be rendered more secure by the creation of this new institution, of which the I.P.A. itself stood in great need.

With regard to the attitude of the different Societies the following expressed themselves favourably : Dr. Brill and Dr. Oberndorf, repre-

senting the New York Society, both of whom declared themselves ready to guarantee on behalf of their Society a contribution of five dollars per member, or, if necessary, to pay the contributions themselves. Mme. Marie Bonaparte gave the same undertaking on behalf of the French Society. Dr. de Monchy, speaking for himself, welcomed the idea of the Centre, but said that he could not make a binding promise for his Society in respect of contributions. Undertakings were given by Dr. Pfeifer, representing the Hungarian Society, Dr. Bibring, representing the Vienna Society, and Frau Dr. Deutsch, representing the Boston Society. Dr. Meng also welcomed the proposal and gave it as his opinion that the Centre would be a valuable institution. Dr. French said in the name of his Society that he would support the project.

VI. JOURNALS COMMITTEE

The meeting resolved that the Journals Committee, consisting of Drs. Sarasin, Laforgue, Jones and Fräulein Anna Freud, should be asked to carry on its work. It was further resolved that Dr. Feigenbaum should be asked to serve on the Committee in succession to Dr. Lewin. The resolution was carried.

It was resolved that, in order to decrease expenditure, the Bulletin should in future appear only once a year in the three official Journals and that it should consist of three sections containing respectively reports of the Societies, the Clinics and the Institutes, published in January, April and July respectively. A complete List of Members shall be published biennially in October. In the alternate October only changes of address and alterations in membership shall be announced as they occur.

VII. GENERAL

Alteration of Statutes relating to the International Training Commission

The following amendments were made in the Statutes of the I.P.A. regulating the organization and functions of the International Training Commission :

(1) Article 8 will now read as follows :

'The International Training Commission (I.T.C.) is the Central Organ of the International Psycho-Analytical Association for organizing and regulating psycho-analytical training and attending to all business of the Association connected therewith. Its functions are to pay close attention to every fresh development in the separate Societies relating to the principles and problems of training, to afford opportunities for exchanging opinions and experiences so as to promote constant discussion of the topics involved and so to maintain contact between the various Training Committees and work towards a uniform body of opinion.

' The International Training Commission consists of an Executive Council, the Training Committees of the Branch Societies and representatives of recognized Training Institutes and Training Centres. The Executive of the Commission consists of a President, Vice-President, and Secretary. The President of the Association for the time being and an official representative of the American Association are additional members of the Executive. The Executive is appointed by the Congress in general meeting to hold office until the next ordinary general meeting. The members of the Training Committee of a recognized Institute shall in no case be more than 7 in number. The members of the Training Committee of a recognized Centre shall in no case be more than 3 in number. Each Training Committee shall so far as possible appoint a President and a Secretary.

' The International Training Commission determines its own business procedure. It meets at least once in every two years in plenary session during Congress. A plenary session of the I.T.C. comprises all the members of all the Training Committees, representatives of the Training Institutes and Centres and the members of the Executive, and the authority to make decisions rests ultimately with this body. Each Committee represented possesses three votes (irrespective of the number of its members actually present), each Training Centre so represented one vote. If the representatives of an Institute or Centre are dissatisfied with the result of the voting on a particular issue they are entitled, subject to the approval of the Executive, to have the question referred back to their own Committee. The result of this internal vote must then be communicated within 12 weeks to the Executive of the I.T.C., who will decide the matter by a simple majority. Their decision is of course subject to ratification at the following plenary session.

' All decisions within the competence of the I.T.C. shall be taken by the Executive pending the next Congress and shall be finally disposed of by the I.T.C. in plenary session, which retains the right to ratify all measures taken by the Executive.

' Relations between the Executive of the I.T.C. and the Training Committees and Centres associated with it are maintained through an intermediary organization consisting of the Chairman or Directors for the time being of the Training Committees and recognized Training Institutes, as well as the corresponding Officers of the recognized Training Centres. It is through this body that the Executive of the Commission maintains contact with the separate Committees; its members are responsible for keeping the Training Committees informed of the communications of the Executive and for conveying to the latter all replies, decisions, proposals and suggestions made by the Committees.'

(2) Article 10 will now read as follows :

'The General Section of the Bulletin of the I.P.A. is edited by the General Secretary of the Association, the special section concerned with Training by the Secretary of the I.T.C. It is the duty of the Secretaries of the Branch Societies and of the Training Committees to submit reports at regular intervals to the Secretary of the Association or of the I.T.C., as the case may be. These reports are to be made regularly at the end of each working period, and they fall outside the provisions of Article 8 having reference to the activities of an intermediary organization.'

A discussion took place on the advisability of changing the passage in the Statutes relating to double membership; it was decided to make no change in it. It was decided to continue the system of direct membership of the I.P.A. in the case of ex-German members, as approved by the last Congress, such direct members to be advised that their subscriptions must be paid direct to the Treasurer before July 1.

In conclusion, the Central Executive was authorized, as with the last Congress, to arrange on its own responsibility the scientific symposia for the next Congress. Various suggestions for topics were made and noted.

VIII. ELECTION OF THE CENTRAL EXECUTIVE

Dr. Jones retired from the Chair and Dr. Jekels, by virtue of seniority, took his place as Chairman.

The retiring Central Executive was discharged and thanked for all its work.

The following were elected as the new Central Executive:

Dr. Ernest Jones, *President*.

Dr. Edward Glover, *General Secretary*.

Dr. Philipp Sarasin, *Treasurer*.

Mme. Marie Bonaparte

Dr. A. A. Brill

Dr. Max Eitingon

Fräulein Anna Freud

Dr. C. P. Oberndorf

} *Vice-Presidents.*

Since the American Association had elected both a President and an Honorary President it was decided to recognize both in a similar fashion and the Central Executive was instructed to formulate the necessary modification of the Statutes to be presented at the next Congress for ratification. [The Central Executive recommends the following addition to par. 7 of the Statutes: The Congress has also the power of electing in exceptional circumstances an Hon. Vice-President (Beirat).

IX. ELECTION OF THE COUNCIL OF THE INTERNATIONAL
TRAINING COMMISSION

The following were elected to serve on the Council of the International Training Commission :

Dr. Max Eitingon, *President*.

Fräulein Anna Freud, *Vice-President*.

Dr. Edward Bibring, *Secretary*.

In addition, Dr. Ernest Jones, as President of the I.P.A., and also a member of the American Psycho-Analytic Association to be nominated by it, will serve on the Council of the I.T.C.

Invitations were offered in the names of the British and French Societies to hold the next Congress in their respective countries, but in view of the uncertainty of the political situation the decision of the place at which the Congress should be held in 1938 was left to the Central Executive.

[Publication of the report of the meeting of the International Training Commission is unavoidably postponed until the next number of the JOURNAL.]

REPORTS OF PROCEEDINGS OF SOCIETIES

THE AMERICAN PSYCHO-ANALYTIC ASSOCIATION (AMERICAN FEDERATION OF THE PSYCHO-ANALYTIC SOCIETIES)

The thirty-sixth meeting of the American Psycho-Analytic Association was held at the New Hotel Jefferson, St. Louis, Missouri, on May 6 and 7, 1936.

On Wednesday, May 6, the anniversary of Professor Freud's eightieth birthday, there was a Joint Session in the morning with the Section on Psycho-Analysis and the American Psychiatric Association. Dr. Richard H. Hutchings, President of the Section on Psycho-Analysis of the American Psychiatric Association, presided.

The scientific programme was introduced with an address on the occasion of the anniversary of the eightieth birthday of Professor Freud, entitled, 'Freud, His Work and Influence,' by Clarence P. Oberndorf, M.D., of New York City, President of the American Psycho-Analytic Association.

The following scientific papers were presented :

'The Treatment of the Psychotic Ego', by Lewis B. Hill, M.D. (Baltimore, Maryland). The psychotic patient has lost ability to enjoy friendly relationships. Consequently the motive for efforts toward recovery, i.e. the expectation of pleasure-producing experience, is absent. Treatment in the circumstances must amount to management of the situation to the end that the patient experiences a treat, i.e. receives psychologic food and drink.

'Application of Psycho-Analytical Concepts in Psychotherapy': Report of Clinical Trials in a Mental Hygiene Service, by Robert P. Knight, M.D. (Topeka, Kansas). The author has been in charge of a Mental Hygiene Consultation Service in a Psychiatric Clinic for the past several years and on the basis of experience in treating various types of clinical psychiatric problems of varying degrees of severity, the attempt is here made to illustrate the use of psycho-analytic concepts and modified psycho-analytic methods in understanding and treating such cases.

'Remnants of Reality-Testing in Dreams', by Thomas M. French, M.D. (Chicago, Illinois). An attempt to give definite formulation to the familiar fact that dreams often presage the attempts of a patient to discriminate between his infantile patterns and actual situations.

'Neuroses and Anti-Social Behaviour', by Gregory Zilboorg, M.D. (New York City). The general concept of neuroses as a pathological escape from anti-social impulses is reviewed. Some types of social behaviour shew no apparent sign of neurosis, also clinically well-defined neuroses happen to be coupled with totally unacceptable modes of

behaviour. The inter-relationships between neurotic conditions and various degrees of social transgression are discussed.

On Wednesday afternoon, May 6, there was a Joint Session with the Section on Psycho-Analysis of the American Psychiatric Association. Dr. Clarence P. Oberndorf, President of the American Psycho-Analytic Association, presided.

The following scientific programme was given :

' Respiration and Personality ', by Franz Alexander, M.D., and Leon Saul, M.D. (Chicago, Illinois). That emotions influence respiration is well known. We have attempted to correlate specific psychodynamic tendencies of patients observed during psycho-analytic treatment, with characteristics of their respiratory curves. An attempt is made to understand the findings in terms of respiratory physiology and of psycho-analysis utilizing the vector analysis of psychodynamic tendencies. In studying this psychosomatic field from the point of view of psycho-analysis some incidental observations are made on the physiology of respiration ; and some assumptions regarding the respiratory mechanism are discussed.

' On Projection ', by Dorian Feigenbaum, M.D. (New York City). Historical review of the study of projection. Criteria of the term. Physiological and psychic prototypes of projection. Pre-stages : libidinal displacement, genitalization (conversion-hysteria), self-scrutiny (hypochondria). Projection proper : (a) ' narcissistic identification projection ', (b) the ' influencing machine ', (c) paranoia. Relation between introjection and projection. Series of developmental stages, from ' normal ' projection to that in paranoia. Differentiation of types.

' Psycho-Analysis in Late-Life Depressions ', by M. Ralph Kaufman, M.D. (Cambridge, Massachusetts). The psycho-analytic technique has been, for the most part, limited to the treatment of the psycho-neuroses in patients under the sixth decade of life. This paper reviews the psycho-analytic literature dealing with therapy in the manic-depressive psychoses and the problem of the age factor.

' The Transition from Organ-Neurosis to Conversion-Hysteria : A Case Report ', by George W. Wilson, M.D. (Chicago, Illinois). Report of case. Gastric symptoms were associated with the typical rejection of desires for oral gratification and dependence. Pain in the back appeared when patient's conflict first began to centre about her resistance to emerging genital desires.

The Executive Session of the American Psycho-Analytic Association was held at 4.30 p.m. on May 7, 1936. Dr. Clarence P. Oberndorf, the President, presided.

The minutes of the preceding meeting were read and approved.

Dr. Oberndorf announced the death of Dr. Horace W. Frink, a charter member of the New York Psycho-Analytic Society.

Dr. Abraham A. Brill gave a memorial address, after which the Society rose in respect to the memory of Dr. Frink.

The Secretary then read the letter of Dr. van Ophuysen containing the plea for equal representation of each Branch Society in the deliberations of the International Psycho-Analytic Congress. After full discussion it was the wish of the association that Dr. Ophuysen be asked to co-operate with the committee in an effort to obtain adequate representation of each Branch Society at the Congress in accordance with their relative numerical strength.

On motion the business session adjourned.

At 7.0 p.m., May 7, 1936, Dr. Abraham A. Brill acted as Moderator at a Round Table Symposium on 'The Freud Contributions'.

Ernest E. Hadley, M.D.

Secretary.

BOSTON PSYCHO-ANALYTIC SOCIETY

1935-1936

October 15, 1935. Business Meeting. Dr. William G. Barrett and Dr. Leola Dalrymple were elected to the Board of Trustees of the Boston Psycho-Analytic Institute.

November 16, 1935. Scientific Meeting. 'The Psycho-Analyst Looks at Culture', by H. Scudder Mekeel, Ph.D.; and 'Research in a Southern Town', by John Dollard, Ph.D.

December 7, 1935. Special Meeting. Dr. Hermann Nunberg: 'Homosexuality, Magic, and Aggression'.

December 17, 1935. Business Meeting. The constitution of the American Psycho-Analytic Association was accepted. Dr. Jacob Kasanin of Chicago, Illinois, was elected a member of the Society. Dr. Irmarita Putnam's resignation was regretfully accepted. Drs. M. Ralph Kaufman, Hanns Sachs, and John Murray were elected for the three, two and one-year terms respectively as representative to the Council on Professional Training of the American Psycho-Analytic Association.

January 28, 1936. Scientific Meeting. 'A Case of Motor-Ataxia' by Dr. Ruth Burr; 'Transient Depression', by Dr. John Murray; and 'A Case of Masochism', by Dr. Martin W. Peck. *Business Meeting.* Dr. M. Ralph Kaufman was elected as the Representative from the Boston Society to the Executive Council of the American Psycho-Analytic Association.

February 26, 1936. Scientific Meeting. 'A Childhood Anxiety', by Dr. William G. Barrett; and 'Psychotherapy and Manic-Depressive Psychoses', by Dr. M. Ralph Kaufman.

March 15, 1936. Scientific Meeting. 'Some Varieties of Parental Aggression', by Dr. Gregory Zilboorg (New York).

May 19, 1936. Annual Meeting. The following officers were re-elected : Dr. Martin W. Peck, *President* ; Dr. John Murray, *Vice-President* ; and Dr. M. Ralph Kaufman, *Secretary-Treasurer*. Dr. Helene Deutsch was elected an Honorary Member of the Society. Dr. Hanns Sachs was appointed delegate from the Boston Society to the International Psycho-Analytical Congress at Marienbad.

M. Ralph Kaufman,
Secretary.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1936

April 29, 1936. (1) Memorial Address, Dr. Eder. Dr. Jones, seconded by Dr. Glover. (2) Dr. Cohn : ' A Certain Quality of Primary Narcissism '.

May 20, 1936. Mrs. Riviere : ' On the Genesis of Psychological Conflict in Early Infancy '.

June 3, 1936. Dr. Rickman : ' A Study of Quaker Beliefs '.

June 17, 1936. Dr. Carroll : ' The Psycho-Analytic Handling of Advanced Psychosis '.

Edward Glover,
Scientific Secretary.

Business Meetings

January 15, 1936. Dr. Prynns Hopkins was elected an Associate Member of the Society, and was appointed Honorary Almoner by the Board of the Clinic.

July 8, 1936. Annual Meeting. (1) The reports of the Secretaries, Treasurer and Librarian were submitted to the meeting and approved.

(2) The following officers were elected for the ensuing year :

President : Dr. Ernest Jones ; *Scientific Secretary* : Dr. Glover ; *Business Secretary* : Dr. Payne ; *Treasurer* : Dr. Bryan ; *Members of Council* : Dr. Brierley, Dr. John Rickman, Dr. Adrian Stephen. *Training Committee* : Dr. Glover, Dr. Jones, Mrs. Klein, Dr. Payne, Dr. Rickman, Miss Sharpe. *Librarian* : Miss Low.

Members of Library Sub-Committee : Dr. Brierley, Dr. Matthew, Mr. Strachey.

(3) The Associate Members were re-elected.

(4) *Election of Associate Members* : Mrs. Rosenfeld, Dr. Thorner.

(5) *Election of Members* : (a) Dr. Carroll, Dr. Winnicott.

(b) Dr. Gross, transferred from the Berlin Society.

(6) Number of Members, 40 ; Associate Members, 28 ; Hon. Members, 2 ; total, 70.

(7) Dr. Jones announced that it was proposed to establish a Psychological Library at the Hebrew University at Jerusalem as a memorial to the late Dr. David Eder. A Committee had been appointed, consisting of Dr. Weismann, Prof. Freud, Prof. Einstein and Dr. Jones. It was

agreed that a photograph of Dr. Eder should be placed in the Institute with an appropriate plate appended.

It was agreed also to place there a photograph of the late Dr. James Glover.

(8) Dr. Jones announced that Prof. Freud had been elected a Fellow of the Royal Society and of the Royal Society of Medicine, and that appropriate congratulations had been sent to him.

(9) Resolution of February 20, 1924, respecting letters to the Press on Psycho-Analytical subjects was amended to :

' Although there is no rule of the Society prohibiting members and associate members sending letters concerned with psycho-analysis to the Press, it is felt by the majority of members present to be very inadvisable for any member or associate member to write any such letter without first obtaining the agreement of the President, Secretary or any other three members '.

S. M. Payne,
Business Secretary.

CHICAGO PSYCHO-ANALYTIC SOCIETY

Second Quarter, 1936

April 4, 1936. Dr. Karl Menninger : ' Personality Reconstructions ; Clinical Techniques Opposing Self-Destruction '.

April 18, 1936. Dr. N. Lionel Blitzsten : ' Some Syndromes of Elation and Depression '.

May 16, 1936. Dr. Edwin R. Eisler : ' Pregonital Tendencies in a Case of Multiple Phobia '.

June 6, 1936. Business Meeting. Election of Officers : Dr. Thomas M. French, *President* ; Dr. Leo Bartemeier, *Vice-President* ; Dr. George Mohr, *Secretary-Treasurer*. *Education Committee :* Dr. Helen Vincent McLean (*Chairman*), Dr. Thomas M. French (*ex-officio Member*), Dr. Karl A. Menninger, Dr. Franz Alexander, Dr. N. Lionel Blitzsten.

CZECHO-SLOVAKIAN STUDY GROUP

Second Quarter, 1936

April 2, 1936. Dr. Max Deri (guest of the Society) : ' Fundamental Problems of Æsthetics '.

April 16, 1936. Frau Bers (Riga. Guest of the Society) : ' The Difficulties of a Child-analysis in which Organic Complications are present '.

April 20, 1936. Dr. Richard Karpe : ' Instinctual Forces at Work in the Youth Movement '.

April 25, 1936. Dr. René Spitz (Paris. Guest of the Society) : ' Rhythm, Repetition and Boredom '.

May 26, 1936. Dr. Fenichel : ' The Concept of " Trauma " in Psycho-Analytical Theory as held at the present day '.

June 9, 1936. Abstracts of Psycho-Analytical Literature on Morbid Cravings.

June 22, 1936. Cläre Fenichel: 'The Effect of Self-Observation on Processes in the Human Organism'.

O. Fenichel,
Secretary.

DANISH-NORWEGIAN PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1935

August 19, 1935. Dr. Trygve Braatoy: 'Pavlov's Experiments with Conditioned Reflexes in the Light of Psycho-Analytical Theory'.

August 23, 1935. Dr. Käthe Misch (guest of the Society): Clinical report.

September 12, 1935. Dr. J. Landmark: 'Notes on Conditioned Reflexes and the Gestalt Theory'.

September 19, 1935. Business Meeting. Owing to the imminent departure from Oslo of Dr. Fenichel and Dr. Landmark, a new election of the Council took place. The result was as follows: *President*: Dr. Schjelderup (re-elected). *Members of the Council*: Dr. Nic. Hoel and Dr. Raknes. The voting was in each case unanimous.

October 14, 1935. Dr. Nic. Hoel: 'Problems of Child-Analysis'.

November 4, 1935. Dr. Raknes: Clinical report.

November 28, 1935. Business Meeting. In answer to the inquiry of the Central Executive, the Society stated that they would choose England as the meeting-place for the next Congress.

Election of Member. Frau Dr. med. Lotte Liebeck-Kirschner (membership transferred from the Berlin Society).

Scientific Meeting. Dr. Lotte Liebeck: 'The Technique of Character-Analysis'.

First Quarter, 1936

January 31, 1936. Dr. Felix Schottländer: 'The Family and Its Discontents'. (Read by Dr. Lotte Liebeck.)

February 28, 1936. Scientific Meeting. Dr. Nic. Hoel: Clinical report.

March 20, 1936. Business Meeting. Frau Christensen: Abstract of the last papers on psycho-analytical technique by S. Ferenczi.

May 15, 1936. Dr. Raknes: Clinical report.

June 17, 1936. Business Meeting. (1) Dr. Fenichel announced that he had transferred his membership to the Vienna Society. (2) A discussion took place on the possibility and advisability of issuing an official licence for the practice of psycho-analysis. The Council was requested to get into touch with the local authorities and medical organizations in regard to this matter.

DUTCH PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1936

April 4, 1936. (Amsterdam.) Dr. M. Levy-Suhl: 'A Psycho-Analytic Cure of Motor Disturbances in a Youth'.

June 20, 1936. (Leyden.) Dr. K. Landauer: 'Affects and their Development'.

Election to Membership of Associate Members: Fräulein P. H. C. Tibout, 717 Prinsegracht, Amsterdam, C.; Dr. med. C. van der Heide, 91 Apollolaan, Amsterdam, Z.

Election of Associate Member: Fräulein Dr. jur. B. C. Baas, 14 Roelofstraat, Haag.

A. Endtz,

Secretary.

FINNISH-SWEDISH PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1936

January 21, 1936. Business Meeting. Scientific Meeting. Törngren: 'The Part played by Actual Conflicts in the Formation of Neuroses'.

February 17, 1936. Control-Seminar.

February 20, 1936. Control-Seminar.

February 24, 1936. Control-Seminar.

February 27, 1936. Business Meeting.

Scientific Meeting. (1) Sandström: 'Contributions to the Symbolism of Dreams'.

(2) A. Nathorst (guest of the Society): 'Psycho-Analytical Training in Vienna'.

March 2, 1936. Control-Seminar.

March 5, 1936. Control-Seminar.

March 9, 1936. Control-Seminar.

March 19, 1936. Business Meeting.

March 23, 1936. Control-Seminar.

March 26, 1936. Business Meeting.

Scientific Meeting. Tamm: 'A Case of Female Homosexuality'.

March 30, 1936. Control-Seminar.

FRENCH PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1936

January 18, 1936. The Vice-President, Mme. Marie Bonaparte, in the Chair.

Scientific Meeting. Dr. Spitz: 'Instincts, Impulses and Desires'. A reply to Dr. Leuba's communication on the subject of the concept of instinct.

February 20, 1936. The Vice-President, Mme. Marie Bonaparte, in the Chair.

Business Meeting. Nomination of Member : Mme. Lowtzky.

Nomination of Associate Members : Mlle. la Doctoresse Breuer and M. le Dr. Lagache.

Analysis without Payment. Dr. Cénac suggested that a scheme should be drawn up by means of which psycho-analytic treatment should be made available for patients unable to pay fees. He thought it advisable that suitable patients should be referred to a single body which would deal with them at the Institute of Psycho-Analysis. The main object of such an organization would be that the allocation of patients to various analysts should be in the hands of a central body which would try to consult the wishes of the physicians willing to treat such cases, in respect of the type of patient to be allotted to each.

It was unanimously decided that Dr. Cénac and Dr. Leuba should be requested to organize this scheme.

It was further unanimously agreed that all those present at the meeting should subscribe to the following principle : Every psycho-analyst authorized to practise by the French Psycho-Analytical Society shall undertake to devote one hour a day to analysing a patient free of charge.

Scientific Meeting. Dr. Loewenstein : Clinical communication on an analysis now in progress (homosexuality and impotence).

March 21, 1936. The President, Dr. Pichon, in the Chair.

Business Meeting. Dr. Cénac reported on the organization of the scheme for free psycho-analytic treatment. His report met with full and unanimous approval.

Mme. Marie Bonaparte was asked whether she would consent to deliver the lecture on the occasion of the official ceremony at the Sorbonne to celebrate Freud's eightieth birthday. It was resolved that Dr. Borel should invite Professor Claude to preside at the ceremony.

Scientific Meeting. Dr. Odier : ' The Relation between Infantile and Neuropathic Modes of Thought '.

April 28, 1936. The President, Dr. Pichon, in the Chair. The President opened the proceedings with a tribute to the memory of Mlle. Laure Morgenstern, the daughter of our colleague Mme. Morgenstern, and with an expression of sympathy with the latter in her terrible loss.

Dr. Pichon, in a paper of remarkable clarity, then opened a debate on Symbolism.

May 19, 1936. The Vice-President, Mme. Marie Bonaparte, in the Chair.

Dr. Laforgue : ' The Relativity of Consciousness '.

June 16, 1936. Dr. Lacan : Notes on the ' Looking-glass Phase ' (a term coined by the writer).

Election of Members : Mme. Lowtzky, 13 Square Henry Paté, Paris XVI. ; Dr. René Spitz.

Election of Associate Members : Dr. Elasa Breuer, 5 rue Brown-Sequart, Paris XV. ; Dr. Lagache, 2 rue Georges de Porto-Riche, Paris XIV.

Change of Address : Dr. and Mme. Ch. Odier-Ronjat, 29 rue Franklin, Paris XVI.

Dr. J. Leuba,

Secretary.

GERMAN PSYCHO-ANALYTICAL SOCIETY

First and Second Quarters, 1936.

January 8, 1936. Business Meeting. Questions of organization.

February 5, 1936. Thore Ekmann : ' Psycho-Analysis and the Phenomenology of Max Scheler '.

February 19, 1936. Dr. Ewald Roellenbleck : ' A Case of Transvestism '.

March 4, 1936. Continuation of the discussion on Transvestism.

March 18, 1936. Dr. Schultz-Hencke : Review of Alexander's work : ' Über den Einfluss psychischer Faktoren auf gastrointestinale Störungen '.

Business Meeting. Election of Associate Member : Herr Thore Ekmann (transferred from the Finnish-Swedish Society).

April 28, 1936. Business Meeting. Election of Member : Dr. Angel Garma.

Dr. Boehm reported on the Congress of Hospital Physicians (Internists), at Wiesbaden on April 26, 1936.

The Council reported on the projected Psychotherapeutic Institute to be opened in Berlin.

The Council's proposals for the celebration of Freud's birthday were adopted.

A discussion took place on the question of withdrawal of the German Society from the I.P.A.

May 6, 1936. (1) Address by the President.

(2) Dr. Müller-Braunschweig : ' A Short Survey of Freud's Life-work '.

(3) Dr. V. Sydow (guest of the Society) : ' The Conception of the " Angel " in the later Writings of Rainer Maria Rilke '.

The letter of congratulation sent by the Council to Prof. Freud was read to the meeting, so too the telegram of good wishes addressed to Anna Freud on the occasion of the Vienna Society's removal to its new premises.

A social gathering at the Institute followed.

May 13, 1936. Extraordinary General Meeting.

The following Associate Members were elected to full membership : Drs. Boumeyer, March, Roellenbleck and Herr Ekmann.

The following were elected Associate Members : Frau Dr. Hildegard

Buder-Schenk, Frau Dr. Ursula Graf, Dr. Martin Grotjahn, Dr. Eckardt von Sydow and Frau Margarete Seiff.

All the members present agreed, after exhaustive discussion, to the proposal of the Council that the President of the I.P.A., Dr. Jones, be notified of the German Society's wish to withdraw from the I.P.A. The President was requested to get into touch with Dr. Jones with regard to the possibility of members attending future Congresses and publishing works in the international journals. It was resolved that the question of members joining other branch societies of the I.P.A. should be decided as occasion arose.

Dr. Carl Müller-Braunschweig,

Secretary.

Addendum. The German Society wishes to make a further statement about the resolution reported in the previous paragraph, which, through a misunderstanding, was prematurely published in the *Zeitschrift*. The resolution was formulated under the influence of external pressure, and, as it soon appeared, unnecessarily. The President of the International Psycho-Analytical Association referred the matter back to the German Society, and at a Business Meeting on September 9, 1936, it decided unanimously to expunge the previous tentative resolution. It hopes that the next Congress will take note of this rescission, and wishes in the meantime to fulfil as before its obligations as a member of the International Psycho-Analytical Association.

Dr. Felix Boehm,

President.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1936

May 1, 1936. Clinical communications: (1) Dr. Pfeifer: (a) 'The Repression of Affects *in statu nascendi*'. (b) 'Affective Substitutes for the Affect of Love'. (c) 'An Œdipus Phantasy having Reference to the Begetting of the Subject Himself'.

(2) Alice Bálint: 'Changes during Treatment in the Condition of a Paranoid Patient'.

May 15, 1936. Frau Dr. F. K. Hann: Review of Anna Freud's *Das Ich und die Abwehrmechanismen*.

May 23, 1936. Memorial meeting for Dr. S. Ferenczi.

(1) Opening address by Dr. Hollós.

(2) Dr. M. Bálint: 'Eros and Aphrodite'. The thesis is that genital pleasure is a specific type of sexual gratification, fundamentally different from any other type.

May 30, 1936. Dr. R. Wälder (guest of the Society): 'New Trends in Psycho-Analytical Thought.' The significance of the specific modes of

defence employed by the ego, with special reference to the recent lines of research pursued by the Vienna Society and the conclusions to which they have led.

June 19, 1936. Discussion of M. Bálint's 'Eros and Aphrodite'.

Dr. Pfeifer,

Secretary.

INDIAN PSYCHO-ANALYTICAL SOCIETY

January 31, 1936

Fourteenth Annual General Meeting

The President read a letter from Lt.-Col. Daly intimating his departure from India.

The Annual Report was adopted.

The Council was elected as follows :

President : Dr. G. Bose.

Members : Lt.-Col. Berkeley-Hill, Mr. H. P. Maiti.

Secretary : Mr. M. N. Banerji.

The following were elected :

Librarian : Dr. S. C. Mitra.

Asst. Librarian : Mr. M. N. Samanta.

Asst. Secretary : Mr. S. K. Bose.

Additional Asst. Business Secretary : Dr. S. C. Laha.

The following were elected associate members :

Bernard Mathews, Esq., F.R.I.B.A., Bengal Club, Calcutta.

Captain P. K. Sengupta, M.Sc.(Cal.), M.B., Ch.B.(Edin.), L.M.(Dub.), I.M.S.

Dr. Abhay Kumar Sarkar, M.B., D.P.H., Health Officer, Faridpur.

Durgadas Agarwala, Esq., B.A., P-1/1/1 Chittaranjan Avenue, Calcutta.

NEW YORK PSYCHO-ANALYTIC SOCIETY

First and Second Quarters, 1936

The Annual Meeting for the election of officers was held on *January 28, 1936*, at the New York Psycho-Analytic Institute. Dr. Brill withdrew his name as a candidate for the Presidency. The following officers were elected : *President* : Dr. Bertram D. Lewin ; *Vice-President* : Dr. Leonard Blumgart ; *Secretary* : Dr. George E. Daniels ; *Treasurer* : Dr. Monroe A. Meyer ; *Board of Directors* : Dr. Dorian Feigenbaum, Dr. Smith Ely Jelliffe, and Dr. Z. Rita Parker ; American Psycho-Analytic Association representative to the Executive Council : Dr. Adolph Stern ; Representatives to the Council on Professional Training : Drs. Lewin, Rado, and Glueck.

By unanimous vote a constitutional amendment was passed creating the offices of Honorary President, and a roll of not more than

three Honorary Vice-Presidents. Dr. A. A. Brill was unanimously elected Honorary President.

A letter was read from Dr. Paul Schilder announcing his final determination to withdraw from the New York Psycho-Analytic Society.

At the Scientific Session, Dr. Sandor Rado read a paper entitled ' Fear of Castration, Œdipus Complex, and Neurosis '.

At the regular meeting of the Society held on *February* 25, 1936, Dr. Clara Mabel Thompson and Dr. J. H. W. Van Ophuijsen were elected to active membership in the New York Psycho-Analytic Society, by transfer.

Dr. Lewin, the incoming President, gave the presidential address. In this he paid a high tribute to Dr. Brill, quoting Professor Freud's statement regarding Dr. Brill's important work in the introduction of psycho-analysis to America. He pointed out the recent accomplishments of the Society through clarification of its relationship with the American and International. He called attention to Dr. Meyer's contribution to the present smooth running of the Institute, and mentioned Dr. Jelliffe's considerable task in reorganizing and clarifying the activities of the Educational Committee. These tasks having been accomplished, he pointed out the opportunity presented for consolidation of the more definitely scientific activities of the Society. He proposed an extra, or ' interval ', meeting each month for the review of literature, or for the consideration of special scientific problems as a means toward accomplishing this purpose.

At the Scientific Session Dr. George E. Daniels read a paper entitled ' Analysis of a Neurosis with Diabetes Mellitus '.

At the regular meeting of the Society, held on *March* 31, 1936, Dr. Sandor Lorand presented a paper on ' Dynamics in Therapy of Depressive States '. At the Executive Session, following the Scientific meeting, Dr. Bernard Robbins was voted into active membership by the Society, by transfer from the Washington-Baltimore Society.

A special committee to act with the International on educational matters was appointed, consisting of Drs. Oberndorf, Rado, and Lewin.

At the regular meeting of the Society, held on *April* 28, 1936, Dr. Robert Fliess read a paper on ' The Transference Problem '.

The Society heard, with regret, of the loss through death of Dr. Horace W. Frink, who had long been a member of the Society, and at one time was very active in its affairs. In recent years Dr. Frink had lived away from New York and had little direct contact with the membership.

The Educational Committee recommended to the Society that after December, 1936, no member belong to a recognized psycho-analytic society in addition to their membership in the New York Psycho-Analytic Society. A motion proposed by Dr. Monroe A. Meyer asking those members who belong to more than one recognized psycho-analytic society to choose before December 19, 1936, which society they would belong to, was passed.

Carrying out the President's proposal, two interval meetings were held and proved to be a great success. Recent articles in the *Zeitschrift* were reviewed by Dr. Dorian Feigenbaum on March 17, 1936, and by Dr. Sandor Lorand on April 21. Attendance was limited to the membership.

At the regular meeting on May 19, 1936, a paper was read on 'The Experimental Production of a Transient Psychoneurotic State by Hypnotism: Theoretical Discussion', by Dr. Richard M. Brickner (by invitation) and Dr. Lawrence S. Kubie.

The last meeting this spring was a special meeting held on May 26, 1936, to act on proposed revised Educational Statutes of the New York Psycho-Analytic Institute and Society, which had been drawn up by a special committee consisting of past presidents of the Educational Committee and of the Educational and Executive Directors of the Institute, under the chairmanship of Dr. Jelliffe. The statutes were accepted, with minor changes. The new Educational Committee was then elected from nominations submitted by the President. The newly elected members are Drs. Daniels, Jelliffe, Lorand, and Stern. Drs. Lewin, Rado, and Meyer will continue to serve on the Educational Committee as members ex-officio.

George E. Daniels,
Secretary.

PALESTINE PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1936

January 18, 1936. (In Jerusalem.) (1) Business Meeting. Election of Member: Dr. Erwin Hirsch, Jerusalem.

(2) (a) Dr. Eitingon: Report of the situation in some of the Branch Societies.

(b) Dr. Barag: 'The Psycho-Analysis of Prostitution'.

February 22, 1936. (At Tel-Aviv.) (1) Business Meeting. Discussion of the local arrangements for the celebration of Professor Freud's birthday. A committee was appointed, consisting of the following: K. Bluhm, Eitingon, Pappenheim, Wulff, Schalit and Herr Arnold Zweig. It was decided that an oration in honour of the occasion should be given at the University of Jerusalem and that a bust of Professor Freud should be placed in the University.

(2) Dr. Kilian Bluhm: 'Jewish Ritual in Psycho-Analytical Literature'.

March 6, 1936. (At Tel Aviv.) Business Meeting. Re-election of the Council: Dr. M. Eitingon, *President*; Dr. I. Schalit, *Secretary and Treasurer*.

Election of Associate Member: Dr. G. Barag.

Discussion of the arrangements for the local celebration of Professor Freud's birthday.

March 21, 1936. (In Jerusalem.) (a) Dr. Feigenbaum (guest of the Society) : ' Antithetical Meanings of Hebrew Root-Words '.

(b) Frau Peller-Roubiczek : ' The Origin of Language '.

Dr. I. Schalit,

Secretary.

SWISS PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1936

January 18, 1936. (At Zürich.) *Annual Meeting.*

(1) *Scientific Meeting.* Dr. med. Boss : ' Eros and the Death-Instinct in a Schizophrenic Catastrophe '.

(2) *Business Meeting.* Annual Report by the President.

Number of members	24
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Associate member	1
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Honorary members	2
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Total membership.	27
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During the past year ten scientific meetings and four business meetings were held. The average attendance was ten members and two to eleven guests.

The Council was unanimously re-elected.

Election of Auditors : Boss and Steiner.

February 15, 1936. (At Zürich.) Dr. Bally : ' Physical Processes and the Death-Instinct '.

March 21, 1936. (At Zürich.) Dr. Christoffel : ' Exhibitionism and Exhibitionists '.

Second Quarter, 1936.

April 26, 1936. (At Basle.) Celebration of Prof. Freud's birthday.

(1) Reading of the congratulatory address.

(2) Reading of the following papers, written for the occasion : (i) An article in the *Schweizerische medizinische Wochenschrift*. (ii) Papers by Christoffel and Meng.

(3) Dr. Graber-Stuttgart : ' Fundamental Mechanisms of Identification '.

(4) Dir. Kielholz : ' Analytical Contributions to the History of the Primitive Christian Church '.

May 23. (At Bern.) Dr. Kronfeld (guest of the Society) : ' Anxiety '.

June 27, 1936. (At Zürich.) Discussion on Kielholz's ' Psycho-Analytical Contributions to the History of the Primitive Christian Church ' opened by Prof. Dr. Pfister.

Fourth Quarter, 1936

October 10, 1936. (At Zürich.) Dir. Kielholz : (a) ' Psycho-Analytical Notes on the Legends of the Childhood of Jesus '. (b) ' A Roman Playing Counter found at Vindonissa '.

November 7, 1936. (At Basle.) Discussion on Dr. Graber-Stuttgart's 'Two Different Mechanisms of Identification', opened by Dr. Christoffel.

VIENNA PSYCHO-ANALYTICAL SOCIETY

Second Quarter, 1936

April 22, 1936. (1) Dr. R. A. Spitz (Paris. Guest of the Society): Report of the Congress of French-speaking Psycho-Analysts, held at Rives de Prangins.

(2) Dr. Richard Sterba: 'A Dutch Ceremony'.

May 5, 1936. Opening of the Society's new premises.

(1) Dr. Ernest Jones (London. Guest of the Society): Inaugural address: 'The Future of Psycho-Analysis'.

(2) Joan Riviere (London. Guest of the Society): 'On the Genesis of Psychological Conflict in Early Infancy'. (One of a series of lectures being exchanged between London and Vienna.)

May 6, 1936. (1) Anna Freud: 'An Address in Celebration of May 6, 1936'.

(2) Dr. Karl Landauer (Amsterdam. Guest of the Society): 'Affects and their Development'.

May 20, 1936. (1) Dr. R. A. Spitz (Paris. Guest of the Society): 'The Differentiation and Integration of Psychic Processes'.

(2) Dr. Eduard Hitschmann: 'The Origin of "Nils Holgersson's Wonderful Journey"'.

(3) Dr. Richard Sterba: 'A Dutch Ceremony' (continued).

June 3, 1936. Dr. Otto Fenichel (Prague. Guest of the Society): 'The Concept of "Trauma" in the Psycho-Analytical Theory of the Neuroses as held to-day'.

June 17, 1936. Communications from the analyses of children and teachers. (1) Dr. Editha Sterba: 'Two Modes of Defence'.

(2) Dr. Jenny Wälder: 'Theoretical Remarks on Two Infantile Phantasies'.

(3) Berta Bornstein: 'An Example of Denial by Means of Phantasy'.

(4) Anna Freud: 'A Contribution to the Analysis of Teachers'.

July 1, 1936. M. Katan (The Hague. Guest of the Society): 'The Fate of the Ego in Psychosis'.

Business Meeting. Dr. Otto Fenichel, Prag II, Ječná 18, has transferred his membership from the Danish-Norwegian to the Vienna Society.

Election of Member: Dr. Eduard Kronengold, Wien IV, Gusshausstrasse 5.

Co-opted to the Council: Dr. Ernst Kris.

Co-opted to the Training Committee: Berta Bornstein, Dr. Otto Fenichel, Dr. Ernst Kris, Dr. Jenny Wälder.

Robert Wälder,
Secretary.

THE WASHINGTON-BALTIMORE PSYCHO-ANALYTIC
SOCIETY

April, 1936. Dr. N. Lionel Blitzsten (Chicago. By invitation):
'Some Syndromes of Depression and Elation'.

May, 1936. (1) Dr. Robert Fliess (New York. By invitation):
'Transference and Counter-Transference'.

(2) *Business Meeting.* The Special Committee on Training Facilities reported completion of plans for the Washington School of Psychiatry, which has been incorporated and is in the process of organization. The School seeks to provide well integrated training in psycho-analysis and psycho-analytic psychiatry, in co-operation with the local Training Committee. The Committee was discharged with thanks and on motion it was voted that the Training Committee of the Society shall act henceforth in co-ordination with the School.

Dr. Bernard S. Robbins resigned membership to join the New York Society.

Amanda L. Stoughton,
Secretary-Treasurer.

